

USC Verdugo Hills Hospital

Keck Medicine of USC



Community Health Needs Assessment 2022

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Introduction

Background and Purpose

USC Verdugo Hills Hospital began in 1947 as Behrens Memorial Hospital. Rather than expand the Behrens facility, a new hospital was built on the hilltop land donated by the Greene family. In 1972, Verdugo Hills Hospital was created serving patients in the cities of Glendale and La Cañada Flintridge, as well as the surrounding Foothill communities of Southern California. In 2013, Verdugo Hills Hospital partnered with the University of Southern California (USC) and became part of Keck Medicine of USC, creating USC Verdugo Hills Hospital.

USC Verdugo Hills Hospital (USC-VHH) is a 158-bed nonprofit community hospital. Services include a 24-hour emergency room staffed by USC faculty physicians; a primary stroke center; bariatric and minimally invasive surgery; OB-GYN and infant services; orthopedic surgery; occupational, physical and speech therapy; cardiac rehabilitation; and imaging and diagnostic services including mammograms, magnetic resonance imaging (MRI), CT scans and angiograms. USC-VHH has a six-bed, state-of-the-art neonatal intensive care unit (NICU) to provide care for infants born prematurely or with critical medical conditions.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

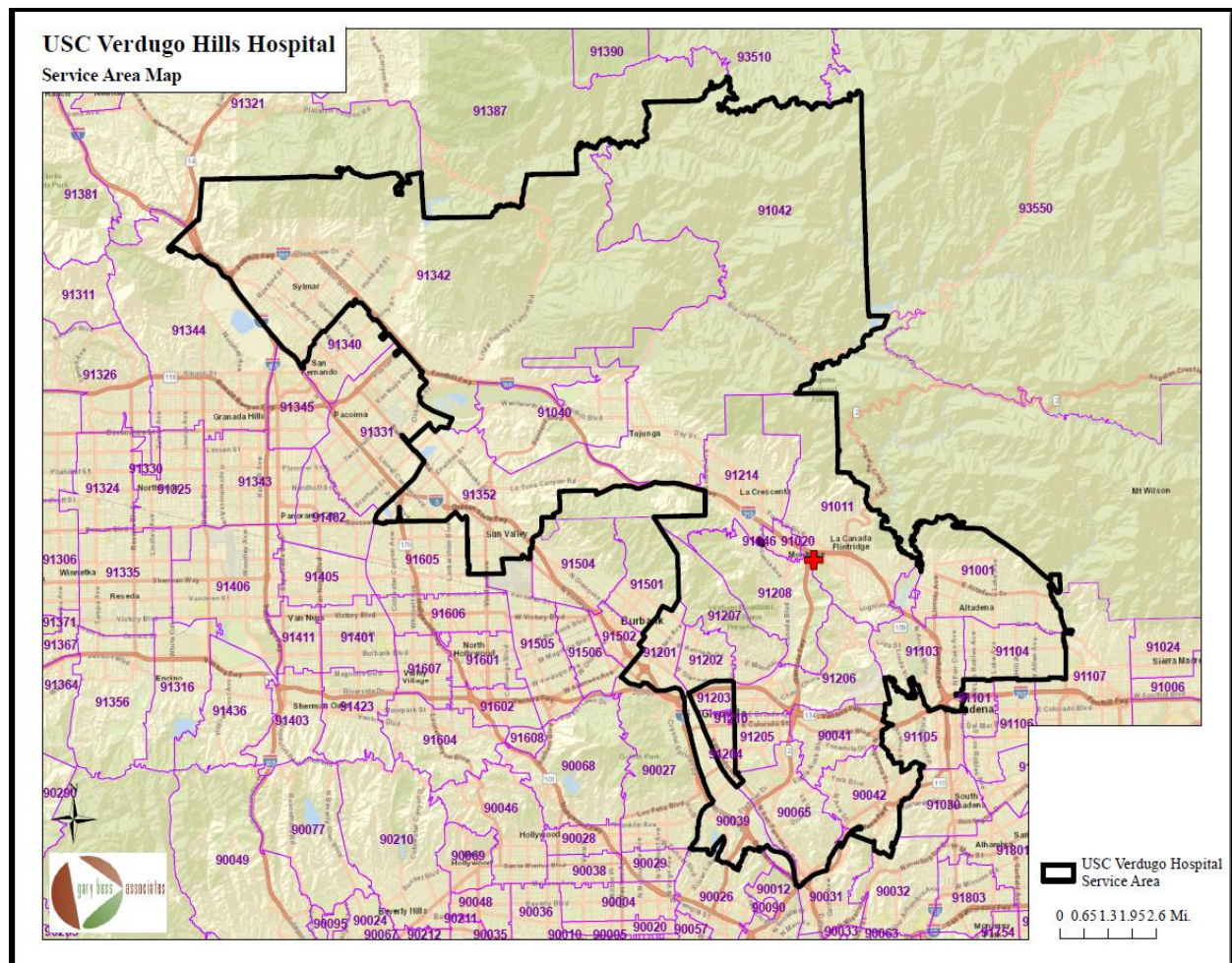
Service Area

USC Verdugo Hills Hospital is located at 1812 Verdugo Boulevard in Glendale, California, 91208. The service area includes 20 ZIP Codes in 14 cities/communities comprising portions of Service Planning Areas (SPAs) 2, 3 and 4. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions. The USC Verdugo Hills Hospital service area is presented below by community, ZIP Code and SPA.

USC Verdugo Hills Hospital Service Area

Geographic Area	ZIP Code	SPA
Altadena	91001	3
Glendale	91201, 91202, 91205, 91206, 91207, 91208	2
Highland Park	90042	2
La Cañada Flintridge	91011	3
La Crescenta Montrose	91214	2
LA/Eagle Rock	90041	4
LA/Glassell Park	90065	4
Los Angeles	90039	4
Montrose	91020	2
Pasadena	91103, 91104	3
Sun Valley	91352	2
Sunland	91040	2
Sylmar	91342	2
Tujunga	91042	2

USC- Verdugo Hills Hospital Service Area Map



Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Dr. Melissa Biel was joined by Victoria Derrick and Sevanne Sarkis, JD, MHA, MEd. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Board Approval

The USC-Verdugo Hills Hospital Board approved this report on March 22, 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to Care
- Chronic Diseases
- COVID-19
- Dental Health
- Economic Insecurity
- Mental Health
- Overweight/Obesity
- Preventive Practices (screenings, vaccines)
- Senior Health
- Sexually Transmitted Infections
- Substance Use and Misuse

Primary Data Collection

USC-VHH conducted interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs.

Interviews

Twelve (12) interviews were conducted in June 2021. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in SPAs 2, 3 and 4 of Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (i.e.; what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website <http://uscvhh.org/giving/community-benefit>. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

COVID-19, mental health and substance use had the highest scores for severe impact on the community in the survey. Economic insecurity and substance use had the highest rankings for worsened over time. Mental health, access to health care, economic insecurity, overweight and obesity, senior health and substance use were rated highest on insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	85.7%	28.6%	71.4%
Chronic diseases	85.7%	42.9%	57.2%
COVID-19	100%	14.3%	14.3%
Dental care	28.6%	14.3%	42.9%
Economic insecurity	85.7%	85.7%	71.4%
Mental health	100%	42.9%	85.7%
Overweight and obesity	85.7%	57.1%	71.4%
Preventive practices (vaccines and screenings)	85.7%	14.3%	57.1%
Senior health	85.7%	28.6%	71.4%
Sexually transmitted infections	42.9%	28.6%	57.1%
Substance use	100%	71.4%	71.4%

The interviewees were also asked to prioritize the community needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to health care, chronic disease, senior health and substance use were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Access to health care	3.86
Chronic diseases	3.71
Senior health	3.71
Substance use	3.71
Preventive practices (vaccines and screenings)	3.57
COVID-19	3.29
Economic insecurity	3.29
Overweight and obesity	3.14
Sexually transmitted infections	3.00
Dental care	2.86

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2019, USC-VHH conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to care, chronic disease, mental health, preventive care and senior health through a commitment of community benefit programs and resources. The impact of the actions that USC-VHH used to address these significant needs can be found in Attachment 5.

Demographic Profile

Population

The total population of the USC Verdugo Hills Hospital (VHH) service area is 665,906.

Population

	VHH Service Area	Los Angeles County
Total population	665,906	10,081,570

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

While extensive data from the 2020 U.S. Census is not yet available at the city or ZIP Code level, population data for Los Angeles County shows a 2% increase in population from the 2010 Census, while the state showed a 6.1% rate of population growth.

Total Population and Change in Population, 2010-2020

	Los Angeles County	California
Total population	10,014,009	39,538,223
Change in population, 2010-2020	2.0%	6.1%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. <https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html>

In the service area, 48.4% of the population are male and 51.6% are female.

Population, by Gender

	VHH Service Area	Los Angeles County
Male	48.4%	49.3%
Female	51.6%	50.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Children and youth, ages 0-17, make up 20.1% of the population, 64.5% are adults, ages 18-64, and 15.4% of the population are seniors, ages 65 and older. The service area has a higher percentage of seniors than the county.

Population, by Age

	VHH Service Area	Los Angeles County
0 – 4	5.6%	6.1%
5 – 9	5.3%	5.9%
10 – 14	5.7%	6.2%
15 – 17	3.5%	3.8%
18 – 20	3.3%	4.0%
21 – 24	5.0%	5.7%
25 – 34	14.8%	16.1%
35 – 44	13.8%	13.7%
45 – 54	14.2%	13.4%

	VHH Service Area	Los Angeles County
55 – 64	13.3%	11.8%
65 – 74	8.6%	7.5%
75 – 84	4.7%	3.9%
85+	2.1%	1.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, B01001. <https://data.census.gov/cedsci/>

In the service area, La Cañada/Flintridge has the largest percentage of youth, ages 0-17 (26.0%). Glendale 91202 has the highest percentage of senior residents (20.5%).

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Altadena	91001	37,818	19.7%	18.0%
Glendale	91201	23,281	16.8%	17.6%
Glendale	91202	23,345	15.3%	20.5%
Glendale	91205	37,638	16.0%	18.5%
Glendale	91206	34,739	18.2%	18.7%
Glendale	91207	11,031	18.8%	17.9%
Glendale	91208	15,860	20.8%	16.6%
Highland Park	90042	63,193	19.1%	11.5%
La Cañada Flintridge	91011	20,301	26.0%	18.6%
La Crescenta Montrose	91214	30,787	23.0%	16.2%
LA/Eagle Rock	90041	29,090	17.6%	16.0%
LA/Glassell Park	90065	46,461	19.9%	13.9%
Los Angeles	90039	29,510	16.0%	14.0%
Montrose	91020	8,633	19.3%	16.4%
Pasadena	91103	27,659	22.0%	15.5%
Pasadena	91104	37,874	21.2%	15.1%
Sun Valley	91352	94,595	22.8%	12.5%
Sunland	91040	20,049	15.8%	19.6%
Sylmar	91342	47,076	25.2%	12.2%
Tujunga	91042	26,966	16.9%	16.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Sexual Orientation

Among adults, 6.9% in SPA 2, 5.8% in SPA 3, and 15.4% in SPA 4 identify as part of the Lesbian Gay Bisexual (LGB) community.

Sexual Orientation, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Straight or heterosexual	90.5%	90.0%	82.6%	88.6%	89.5%
Gay, lesbian or homosexual	3.0%	2.3%*	8.5%	3.5%	3.3%
Bisexual	3.6%	3.5%	6.9%	4.4%	4.0%
Not sexual/celibate/none/other	2.9%	4.2%	2.0%	3.6%	3.3%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Race/Ethnicity

In the service area, 41.7% of the population is Hispanic/Latino. Whites make up 38.2% of the population. Asians comprise 13% of the population, and African Americans are 4.1% of the population. Native Americans, Hawaiians, and other races combined total 3.1% of the population. The service area has a larger percentage of Whites compared to the county and state.

Population, by Race and Ethnicity

	VHH Service Area	Los Angeles County	California
Hispanic or Latino	41.7%	48.5%	39.0%
White	38.2%	26.2%	37.2%
Asian	13.0%	14.4%	14.3%
Black or African American	4.1%	7.8%	5.5%
Other or multiple	2.8%	2.7%	3.3%
Native Hawaiian and Pacific Islander	0.1%	0.2%	0.4%
American Indian and Alaskan	0.2%	0.2%	0.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Language

In the service area, only English is spoken at home among 41.1% of the population. Spanish is spoken in the home among 33.4% of the population, 15.3% of the population speaks an Indo-European language, and 9.3% of the population speaks an Asian/Pacific Islander language at home. The service area has a higher percentage of the population that speaks an Indo-European language in the home when compared to the county and the state.

Language Spoken at Home, Ages 5 and Older

	VHH Service Area	Los Angeles County	California
Speaks only English	41.1%	43.4%	55.8%
Speaks Spanish	33.4%	39.2%	28.7%
Speaks Indo-European language	15.3%	5.3%	4.5%
Speaks Asian/Pacific Islander language	9.3%	10.9%	10.0%
Speaks other language	0.8%	1.1%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

When examined by service area ZIP Code, Sun Valley (63.6%) and Sylmar (62.5%) have the highest percentage of Spanish speakers in the service area. Eagle Rock (22.8%) and La Crescenta/Montrose (22.5%) have the highest percentage of Asian language speakers in the service area. The highest percentage of Indo-European

languages spoken at home is found in the Glendale ZIP Codes.

Language Spoken at Home, Ages 5 and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Altadena	91001	71.1%	22.2%	2.3%	4.1%
Glendale	91201	28.6%	14.4%	3.8%	52.0%
Glendale	91202	34.5%	9.3%	10.6%	43.6%
Glendale	91205	21.7%	19.1%	11.9%	45.4%
Glendale	91206	32.7%	9.8%	13.0%	42.6%
Glendale	91207	37.9%	6.2%	3.9%	51.2%
Glendale	91208	49.3%	5.4%	14.4%	29.5%
Highland Park	90042	36.7%	51.3%	9.7%	1.8%
La Cañada Flintridge	91011	64.7%	5.5%	16.7%	12.5%
La Crescenta Montrose	91214	54.2%	7.9%	22.2%	14.6%
LA/Eagle Rock	90041	49.8%	22.8%	22.8%	4.1%
LA/Glassell Park	90065	36.5%	48.2%	11.7%	3.1%
Los Angeles	90039	52.5%	31.3%	10.0%	5.4%
Montrose	91020	48.4%	18.1%	18.0%	14.8%
Pasadena	91103	44.3%	45.8%	5.8%	3.3%
Pasadena	91104	50.4%	31.0%	7.2%	10.6%
Sun Valley	91352	24.3%	63.6%	4.0%	7.4%
Sunland	91040	58.3%	14.7%	7.2%	18.8%
Sylmar	91342	31.1%	62.5%	3.8%	2.1%
Tujunga	91042	45.4%	19.4%	6.5%	27.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 years and older, who speaks English “less than very well.” In the service area, 24.1% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 and Older

	Percent
VHH Service Area	24.1%
Los Angeles County	23.6%
California	17.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Veteran Status

In the service area, 3.3% of the population, 18 years and older, are veterans. This is lower than the percentage of veterans found in the state (5.2%).

Veterans Status

	VHH Service Area	Los Angeles County	California
Veteran status	3.3%	3.3%	5.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County is ranked 34, showing a decrease in rank from 2019 (30).

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021. www.countyhealthrankings.org

Poverty

The U.S. Department of Health and Human Services annually updates official poverty population statistics. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four. Among residents in the service area, 12.5% had incomes less than 100% of the Federal Poverty Level. Glendale 91205 and Pasadena 91103 (18.9%), and Sun Valley (16.9%) had the highest poverty levels in the service area as compared to Los Angeles County at 14.9%. Glendale 91205 (46.0%), Sun Valley (42.6%), and Pasadena 91103 (40.0%) had the highest number of residents at less than 200% FPL as compared to Los Angeles County at 34.8%.

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Altadena	91001	7.1%	19.5%
Glendale	91201	12.7%	33.7%
Glendale	91202	10.3%	24.1%
Glendale	91205	18.9%	46.0%
Glendale	91206	13.8%	27.5%
Glendale	91207	8.1%	21.2%
Glendale	91208	6.7%	12.4%
Highland Park	90042	15.4%	36.6%
La Cañada Flintridge	91011	3.8%	8.0%
La Crescenta Montrose	91214	4.8%	14.8%
LA/Eagle Rock	90041	10.9%	24.3%
LA/Glassell Park	90065	13.7%	35.7%
Los Angeles	90039	10.3%	21.4%
Montrose	91020	11.3%	22.1%
Pasadena	91103	18.9%	40.8%

	ZIP Code	<100% FPL	<200% FPL
Pasadena	91104	14.1%	30.8%
Sun Valley	91352	16.9%	42.6%
Sunland	91040	10.1%	21.5%
Sylmar	91342	12.4%	34.2%
Tujunga	91042	13.1%	32.4%
VHH Service Area		12.5%	30.4%
Los Angeles County		14.9%	34.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Children in Poverty

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health, behavioral and emotional problems. A view of children in poverty by SPA indicates 12.6% of children in SPA 2, 27.6% of children in SPA 3 and 28.7% of children in SPA 4 live below the poverty level. In SPA 2, 26.6% of children are categorized as low-income ($\leq 200\%$ FPL), 30.8% of children in SPA 3 and 30.8% of children in SPA 4 are low-income.

Poverty, Children, Ages 0-17

	SPA 2	SPA 3	SPA 4	Los Angeles County
0-99% FPL	12.6%*	27.6%	28.7%*	23.2%
100-199% FPL	26.6%	15.4%	30.8%	20.6%
200-299% FPL	18.2%	9.8%*	6.1%*	12.5%
300% FPL and above	42.6%	47.3%	34.4%	43.8%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Seniors in Poverty

In the service area, 13.4% of seniors live in poverty, which is higher than the county rate (13.2%) and the state rate (10.2%).

Poverty, Seniors, Ages 65 and Older

	Percent
VHH Service Area	13.4%
Los Angeles County	13.2%
California	10.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Public Program Participation

In SPA 2 and SPA 4 approximately 24% of residents reported avoiding government benefits due to concerns about disqualification from obtaining a green card or US citizenship, as compared to SPA 3 at 10.1% and Los Angeles County at 18.8%.

In SPA 2, 37.7% of adults, below 200% FPL, cannot afford food and 22.2% utilize food stamps. In SPA 3, 34.4% of adults, below 200% FPL, cannot afford food and 20.9% utilize food stamps. In SPA 4, 43.3% of residents, below 200% FPL, cannot afford food and 26.6.3% utilize food stamps.

Among eligible children in SPA 2, 24.9%, and 26.6% in SPA 3 access WIC benefits. SPA 4 data was suppressed by CHIS due to small sample size.

Among low income older and disabled adults, 7.3% in SPA 2, 9.3% in SPA 3 and 9.1% in SPA 4 are receiving Supplemental Security Income as compared to Los Angeles County at 10.5%

Public Program Participation

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Avoided government benefits	24.3%	10.1%	24.0%	18.8%	16.1%
Not able to afford food (<200% FPL)	37.7%	34.4%	43.3%	40.9%	58.1%
Food stamp recipients (<200% FPL)	22.2%	20.9%	26.3%	25.2%	23.7%
WIC usage among eligible children, ages 6 and younger	24.9%*	26.6%*	**	41.9%	44.3%
Supplemental Social Security Income (SSI) (adults, ≤200% FPL)	7.3%	9.3%*	9.1%	10.5%	10.9%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. **Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. In the Glendale Unified School District, 48.2% of children are eligible for the program, 64.3% in the Pasadena Unified School District, and 80.3% in the Los Angeles Unified School District are eligible for the program.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Glendale Unified School District	48.2%
Pasadena Unified School District	64.3%
Los Angeles Unified School District	80.3%
Los Angeles County	68.9%
California	59.3%

Source: California Department of Education, 2019-2020 <http://data1.cde.ca.gov/dataquest/>

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or

uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Of households with incomes less than 300% of Federal Poverty Level, 24.4% in SPA 2, 21.6% in SPA 3, and 31.8% in SPA 4 were food insecure.

Food Insecure Households, <300% FPL

	SPA 2	SPA 3	SPA 4	Los Angeles County
Food insecure households, <300% FPL	24.4%	21.6%	31.8%	26.8%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm#F>

Unemployment

In 2019 the unemployment rate in Los Angeles County was 4.4% and 4.0% in California. However, it should be noted, preliminary data for the month of December 2020 shows an unemployment rate of 10.7% in Los Angeles County. This increase can be attributed to the COVID pandemic. The service area cities with the highest unemployment rate is Los Angeles (10.6%) and Glendale (9.9%).

Unemployment Rates, 2019 Average, December 2020

	ZIP Codes	2019 Annual Average	December 2020
Altadena Census Designated Place (CDP)	91001	3.3%	8.1%
Glendale, city	91201, 91202, 91205, 91206, 91207, 91208	4.1%	9.9%
La Canada Flintridge, city	91011	2.0%	5.1%
La Crescenta Montrose	91214	3.2%	7.7%
Los Angeles, city	90039, 90041, 90042, 90065, 91020, 91040, 91042, 91342, 91352	4.5%	10.6%
Pasadena, city	91103, 91104	3.9%	8.5%
Los Angeles County		4.4%	10.7%
California		4.0%	8.8%

Source: California Employment Development Department, Labor Market Information. <http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- The homeless are a very diverse population. There are a variety of reasons why

they end up homeless. Drugs are a reason, but so is the economy. The cost of living in Los Angeles is a big part of it, but so is a lack of social supports. And the chronically homeless really can't care for themselves. It is a much more heterogenous population than people think. There is also a small senior population that is homeless. But at least seniors can access health care and can access skilled nursing care.

- With people not going to the doctor with COVID, most doctors really saw huge a drop in volume and procedures they did and, therefore, with the exception of urgent care where it was a boom year, most doctors had a bad year financially.
- Economic fear is real, and people have to make difficult decisions. During the pandemic, we had to lay off the majority of our staff, we went from 350 to 21 employees with the pandemic.
- Our workforce needs to be paid enough to rent an apartment. If a person works 40 hours a week they should make enough to live and eat. But that is often not the case.
- A basic apartment is \$2,200/month and someone would have to work three full-time minimum wage jobs to afford rent in LA. They would not have money for anything else, and have no time to sleep. For people that work the lowest minimum wage, they cannot afford housing. So, they must use shared housing.
- You will see people caught with large homes, and all that space and not wanting to leave their community, but not able to find an option to downsize and stay in the community. A lot of people in retirement feel challenged, they have to live on a smaller amount of money and to live in this community on less money is a challenge.
- The big issue is there are not enough jobs and there is a lack of affordable housing.
- Influenced by the pandemic and the paycheck protection act, people are not returning to work because they are getting subsidized by the government and are not eligible for that if they go back to work.

Family Size

The average family size in the service area is 3.45 persons, which is lower than in the county (3.66 persons) and the state (3.53 persons).

Average Family Size

	Persons
VHH Service Area	3.45
Los Angeles County	3.66
California	3.53

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Housing and Households

There are 236,074 total housing units in the hospital service area. Of these units, 222,199 are occupied; 51.5% owner-occupied and 48.5% renter-occupied. Glendale 91205 has the highest percentage of renter-occupied housing units in the service area (85.0%). La Cañada Flintridge has the highest percentage of owner-occupied housing units in the service area (90.9%).

Housing Units, Owners and Renters

	ZIP Code	Total Housing Units	Occupied Housing Units	Owner Occupied	Renter Occupied
Altadena	91001	13,785	12,669	75.8%	24.2%
Glendale	91201	8,631	8,309	27.4%	72.6%
Glendale	91202	9,389	8,903	38.2%	61.8%
Glendale	91205	15,721	14,382	15.0%	85.0%
Glendale	91206	14,226	13,372	36.0%	64.0%
Glendale	91207	4,313	4,081	56.6%	43.4%
Glendale	91208	6,196	5,855	66.0%	34.0%
Highland Park	90042	22,061	21,017	44.9%	55.1%
La Cañada Flintridge	91011	6,901	6,434	90.9%	9.1%
La Crescenta Montrose	91214	10,912	10,357	73.5%	26.5%
LA/Eagle Rock	90041	10,232	9,661	50.87	49.3%
LA/Glassell Park	90065	16,429	15,414	48.6%	51.4%
Los Angeles	90039	12,557	11,685	45.5%	54.5%
Montrose	91020	3,762	3,524	35.5%	64.5%
Pasadena	91103	9,137	8,515	46.7%	53.3%
Pasadena	91104	13,972	6,556	49.8%	50.2%
Sun Valley	91352	13,150	12,436	53.4%	46.6%
Sunland	91040	7,709	7,739	71.9%	28.1%
Sylmar	91342	26,666	25,121	65.2%	34.8%
Tujunga	91042	10,775	9,961	53.9%	46.10%
VHH Service Area		236,074	222,199	51.5%	48.5%
Los Angeles County		3,542,800	3,316,795	45.8%	54.2%
California		14,175,976	13,044,266	54.8%	45.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP04. <https://data.census.gov/cedsci/>

In the service area, there are 221,999 households. Over the last four years, households increased by 1.5% and housing units increased by 2.0%. From 2016-2019, the percent of owner-occupied housing units increased by 1.4% and renter-occupied units increased by 1.6%. Vacancies increased by 10.0%.

Households and Housing Units, and Percent Change, 2016-2019

	VHH Service Area			Los Angeles County		
	2016	2019	Percent Change	2016	2019	Percent Change
Households	218,860	222,199	1.5%	3,281,845	3,316,795	1.1%
Housing units	231,471	236,074	2.0%	3,490,118	3,542,800	1.5%
Owner occ.	112,866	114,468	1.4%	1,499,576	1,519,516	1.3%
Renter occ.	105,994	107,731	1.6%	1,782,269	1,797,279	0.8%
Vacant	12,611	13,875	10.0%	208,273	226,005	8.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 2015-2019. DP04. <https://data.census.gov/cedsci/>

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area ranged from \$44,835 in Glendale 91205 to \$175,652 in La Cañada Flintridge.

Median Household Income

	ZIP Code	Median Household Income
Altadena	91001	\$101,061
Glendale	91201	\$60,101
Glendale	91202	\$75,703
Glendale	91205	\$44,835
Glendale	91206	\$70,141
Glendale	91207	\$85,956
Glendale	91208	\$108,374
Highland Park	90042	\$64,267
La Cañada Flintridge	91011	\$175,652
La Crescenta Montrose	91214	\$104,981
LA/Eagle Rock	90041	\$85,971
LA/Glassell Park	90065	\$67,479
Los Angeles	90039	\$90,538
Montrose	91020	\$67,742
Pasadena	91103	\$71,231
Pasadena	91104	\$77,919
Sun Valley	91352	\$57,145
Sunland	91040	\$86,594
Sylmar	91342	\$74,050
Tujunga	91042	\$64,532
Los Angeles County		\$68,044
California		\$75,235

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP03. <https://data.census.gov/cedsci/>

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, those who spend

more than 30% of their income on housing are said to be “cost burdened.” Over half of renters (58.8%) in the service area spend 30% or more of their income on rent.

Renters Spending 30% or More of Household Income on Rent

	VHH Service Area	Los Angeles County	California
Renters who spend $\geq 30\%$ of income on rent	58.8%	57.6%	54.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP04 <https://data.census.gov/cedsci/>

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show an increase in homelessness from 2018 to 2020. It should be noted that the 2021 Homeless Count was postponed by the Los Angeles County Board of Supervisors due to the COVID-19 pandemic.

In SPA 2, 65.0% of the homeless population are individual adults and 25.0% are families. In SPA 3, 85.0% of the homeless population are individual adults and 13.0% are families. In SPA 4, 84.0% of the homeless are single adults and 10.0% are families. From 2018 to 2020, the percent of sheltered homeless in SPA 2, SPA 3 and SPA 4 increased. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. The percentage of unaccompanied minors has remained unchanged from 2018 to 2020.

Los Angeles Continuum of Care Homeless Population*, 2018-2020 Comparison

	SPA 2		SPA 3		SPA 4		Los Angeles County	
	2018	2020	2018	2020	2018	2020	2018	2020
Total homeless	7,478	9,108	3,605	4,555	14,218	17,121	49,955	63,706
Sheltered	25.6%	27.4%	22.6%	33.5%	25.6%	27.3%	24.8%	27.7%
Unsheltered	74.4%	72.6%	77.4%	66.5%	74.4%	72.7%	75.2%	72.3%
Individual adults	73.0%	65.0%	85.0%	76.0%	84.0%	84.0%	80.0%	76.0%
Families/family members	23.0%	25.0%	13.0%	21.0%	10.0%	11.0%	16.0%	19.0%
Unaccompanied minors (<18)	.01%	.01%	0%	0%	0.3%	.03%	0.1%	0.1%

Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/> *Data represents the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

The percentage of chronically homeless increased in all service areas from 2018 to 2020. Rates of homelessness as a result a domestic violence experience decreased in SPA 3 and SPA 4 but increased in SPA 2 from 2018 to 2020. Homeless individuals with

HIV/AIDS remained unchanged in all service areas. Homeless individuals with a physical disability or serious mental illness decreased from 2018 to 2020 in all service areas. In the time period homeless individuals with a substance abuse disorder increased in all SPAs. From 2018 to 2020 the percentage of homeless veterans remained the same in SPA 2 but decreased in SPA 3 and SPA 4.

Los Angeles County Continuum of Care Homelessness Subpopulations*

	SPA 2		SPA 3		SPA 4	
	2018	2020	2018	2020	2018	2020
Chronically homeless	25.0%	34.0%	34.0%	39.0%	32.0%	42.0%
Domestic violence experience	30.0%	35.0%	38.0%	29.0%	34.0%	32.0%
Persons with HIV/AIDS	1.0%	1.0%	1.0%	2.0%	3.0%	3.0%
Physical disability	15.0%	17.0%	15.0%	25.0%	17.0%	19.0%
Serious mental illness	28.0%	20.0%	33.0%	28.0%	31.0%	26.0%
Substance abuse disorder	17.0%	27.0%	22.0%	33.0%	19.0%	31.0%
Veterans	5.0%	5.0%	6.0%	4.0%	8.0%	5.0%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/> *This data represents the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Glendale and Pasadena conduct their own homeless counts. During the 2020 Glendale homeless count, 169 unduplicated homeless persons were counted; 59% were adults. In the Pasadena homeless count, 527 individuals were homeless; 86.1% were individual adults and 13.9% were family members.

Glendale and Pasadena Homeless Subpopulations, 2018-2020 Comparison

	Glendale		Pasadena	
	2018	2020	2018	2020
Total homeless	260	169	677	527
Sheltered	73.0%	55.6%	26.0%	44.0%
Unsheltered	27.0%	44.4%	68.0%	56.0%
Individual adults	77.0%	59.0%	77.0%	86.1%
Family members	n/a	n/a	23.0%	13.9%
Chronically homeless	26.0%*	22.5%	24.0%	36.2%
Domestic violence experience	12.9%*	30.0%	11.0%	13.0%
HIV/AIDS	4.0%*	71.0%	1.0%	n/a
Mental illness	20.0%*	15.0%	30.0%	25.0%
Substance abuse	19.0%*	32.0%	13.0%	27.0%
Veterans	4.6%*	8.0%	5.0%	4.0%

Source: City of Glendale Homeless Count <https://www.glendaleca.gov/home/showdocument?id=38404>, Pasadena Homeless Count https://www5.cityofpasadena.net/housing/wp-content/uploads/sites/3/2018/09/Pasadena-Homeless-Count_2018.pdf *Unsheltered only

Education

In the service area, 17.7% of the adult population has less than a high school education. This is higher than the state rate (16.7%). Of the adult population in the service area, 20.0% are high school graduates and 37.1% have a bachelor or graduate/professional degree.

Educational Attainment

	VHH Service Area	Los Angeles County	California
Population, ages 25 and older	476,504	6,886,895	26,471,543
Less than 9th grade	10.6%	8.6%	9.2%
9th to 12 th grade, no diploma	7.1%	9.2%	7.5%
High school graduate, includes equivalency	20.0%	20.6%	20.5%
Some college, no degree	17.5%	19.0%	21.1%
Associate degree	7.8%	7.0%	7.8%
Bachelor's degree	23.3%	21.2%	21.2%
Graduate or professional degree	13.8%	11.3%	12.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The high school graduation rates for the area high school districts range from 80.1% for Los Angeles Unified School District (LAUSD) to 89.4% for the Glendale Unified School District. LAUSD, Glendale USD, and Pasadena USD do not meet the Healthy People 2030 objective of a 90.7% high school graduation rate.

High School Graduation Rates, 2019-2020

	Graduation Rate
Glendale Unified School District	89.4%
Los Angeles Unified School District	80.1%
Pasadena Unified School District	82.2%
Los Angeles County	86.5%
California	87.6%

Source: California Department of Education, 2021. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percent of children, ages 3 and 4, enrolled in preschool in the service area (57.1%) was higher than county (54.5%) and state rates (49.6%). Enrollment rates ranged from 79.9% in Montrose (91020) to 38.7% in La Crescenta-Montrose (91214).

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Total Population	Percent Enrolled
Altadena	91001	790	67.5%
Glendale	91201	487	73.1%
Glendale	91202	388	50.0%
Glendale	91205	795	54.3%
Glendale	91206	1,160	47.0%
Glendale	91207	215	51.6%
Glendale	91208	358	70.1%
Highland Park	90042	1,413	52.5%
La Cañada Flintridge	91011	634	86.3%
La Crescenta Montrose	91214	483	38.7%
LA/Eagle Rock	90041	449	75.1%
LA/Glassell Park	90065	1,154	51.6%
Los Angeles	90039	709	64.5%
Montrose	91020	144	79.9%
Pasadena	91103	685	57.5%
Pasadena	91104	1,123	73.6%
Sun Valley	91352	1,061	51.2%
Sunland	91040	413	50.4%
Sylmar	91342	3,130	51.1%
Tujunga	91042	447	41.2%
VHH Service Area		15,988	57.1%
Los Angeles County		255,273	54.5%
California		1,021,926	49.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <https://data.census.gov/cedsci/>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. Children in SPA 2 (70.8%) and SPA 4 (66.4%) were reportedly read to more often than in SPA 3 (56.4%) or Los Angeles County (63.1%).

Reading to Children, Ages 0 to 5

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children read to daily	70.8%	55.7%	66.3%	56.4%	63.1%

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to enhance stability of data. *Statistically unstable due sample size. <http://ask.chis.ucla.edu>

Transportation

Among service area individuals, ages 16 and older, 75.4% drove alone to work. Of workers, 4.5% took public transit to work. The average service area commute time was 30.7 minutes. It should be noted this information was estimated prior to the COVID pandemic. While the time estimate is valid, it may not be reflective of current commuting practices.

Transportation for Workers, Ages 16 Years and Older

	VHH Service Area	Los Angeles County	California
Drove alone to work	75.4%	74.0%	73.7%
Carpooled to work	9.3%	9.5%	10.1%
Commuted by public transportation	4.5%	5.8%	5.1%
Walked or Other means	4.5%	5.1%	5.2%
Worked from home	6.3%	5.6%	5.9%
Mean travel time to work (minutes)	30.7	31.8	29.8

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP03. <https://data.census.gov/cedsci/>

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life.

Perceived Neighborhood Safe from Crime

Safe neighborhoods are a key component of physical and mental health. Of adults, 91.1% in SPA 2, 84.9% in SPA 3, and 76.4% in SPA 4 perceived their neighborhoods to be safe from crime.

Perceived Neighborhood Safety

	SPA 2	SPA 3	SPA 4	Los Angeles County
Perceived neighborhood safe from crime	91.1%	84.9%	76.4%	85.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

When adults and teens were asked about neighborhood cohesion, the majority of residents in service area SPAs agreed their neighborhoods were safe most of the time, neighbors were willing to help, and people in their neighborhood could be trusted. More so, teens felt adults in their neighborhoods could be counted on to watch that children were safe and did not get into trouble.

Neighborhood Cohesion, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County
Feels safe all or most of time	85.4%	85.9%	73.2%	81.3%
People in neighborhood are willing to help	71.4%	77.1%	71.5%	72.6%
People in neighborhood can be trusted	74.3%	82.5%	69.3%	75.3%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Neighborhood Cohesion, Teens, Ages 12-17

	SPA 2	SPA 3	SPA 4	Los Angeles County
Adults in neighborhood look out for children†	100%*	83.6%*	100%*	90.5%*
People in neighborhood are willing to help	87.9%*	72.1%*	80.6%*	82.0%
People in neighborhood can be trusted	87.0%*	60.5%	71.4%	76.3%

Source: California Health Interview Survey, 2019. † 2018 data *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Child Abuse

In Los Angeles County, the rate of children under 18 years of age, who experienced abuse or neglect, was 10.0 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Los Angeles County	California
Substantiated cases of child abuse and neglect	10.0	7.5

Source: Population Reference Bureau KidsData.org, 2018. <http://kidsdata.org>

Intimate Partner Violence

Among adults, 14.8% in SPA 2, 8.7% in SPA 3, and 13.1% in SPA 4 reported physical violence (hit, slapped, pushed, kicked, etc.) by an intimate partner.

Intimate Partner Violence

	SPA 2	SPA 3	SPA 4	Los Angeles County
Physical violence	14.8%	8.7%	13.1%	14.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon, and since 2018, strangulation and suffocation. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within Weapon Involved, personal weapon was the most often category reported for all locations below.

Domestic Violence Calls

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/ Suffocation
La Cañada Flintridge	14	1	13	92.8%	0
Glendale	300	279	21	7.0%	37
Pasadena	320	138	182	56.8%	14

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/ Suffocation
Los Angeles City	17,721	0	17,721	100%	2,019
Los Angeles County	36,707	7,992	28,715	78.2%	2,773
California	161,123	85,995	75,128	46.6%	8,552

Source: California Department of Justice, Office of the Attorney General, 2019. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

Air and Water Quality

Air Quality

Los Angeles air quality averages a US AQI or air quality index rating of “moderate.” Monthly averages in 2019 varied from AQI 32 (“good”) in February to AQI 64 (“moderate”) in November¹. Despite seemingly optimistic ratings, Los Angeles’s air pollution is among the worst in the United States, both for PM2.5 and ozone. The American Lung Association State of Air report rated Los Angeles County has unhealthy under Ozone, Particle Pollution (24 hours), and receiving a FAIL grade for annual particle pollution.²

Water Quality

Water quality reports (2019)³ from the Glendale Water and Power District, Los Angeles County Water and Power District, and Pasadena Water and Power District identified that city drinkable water supplies met Primary Drinking Water Standards (PDWS) and Secondary Drinking Water Standards (SDWS).

¹ Source: IQAir. Downloaded 3/13/21 [Los Angeles Air Quality Index \(AQI\) and California Air Pollution | AirVisual \(iqair.com\)](#)

² Source: American Lung Association, State of the Air Report, 2020. [Los Angeles - State of the Air | American Lung Association](#)

³ Source: <https://www.glendaleca.gov/government> <https://ladwp.com>
<https://www5.cityofpasadena.net/water-and-power/waterqualityreports/>

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Access to quality, comprehensive clinical care is important for health. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2030 objective is for 92.1% insurance coverage for all population groups.

Within the service area, 91.9% of the total population has health insurance coverage. Of children and adolescents, ages 0 to 18, 96.6% are insured, and 88.6% of area adults, ages 19-64, have health insurance. These rates of health insurance coverage are higher than the county rate. In the service area, Sun Valley (86.2%) has the lowest insured rate, and La Cañada Flintridge (97.8%) has the highest insured rate.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18	19 to 64
Altadena	91001	94.0%	96.9%	91.6%
Glendale	91201	91.6%	97.2%	88.3%
Glendale	91202	92.8%	92.9%	91.5%
Glendale	91205	90.9%	96.6%	87.0%
Glendale	91206	94.8%	98.0%	92.3%
Glendale	91207	95.2%	97.5%	93.0%
Glendale	91208	96.6%	97.8%	84.7%
Highland Park	90042	89.1%	96.7%	85.3%
La Cañada Flintridge	91011	97.8%	98.3%	96.7%
La Crescenta Montrose	91214	96.1%	97.9%	94.4%
LA/Eagle Rock	90041	94.1%	97.3%	91.8%
LA/Glassell Park	90065	89.6%	95.9%	85.8%
Los Angeles	90039	92.3%	97.6%	89.9%
Montrose	91020	92.4%	94.9%	89.7%
Pasadena	91103	89.7%	96.8%	85.3%
Pasadena	91104	92.4%	98.4%	89.0%
Sun Valley	91352	86.2%	92.5%	81.5%
Sunland	91040	94.6%	96.2%	92.9%
Sylmar	91342	90.9%	97.2%	86.7%
Tujunga	91042	92.5%	95.0%	90.0%
VHH Service Area		91.9%	96.6%	88.6%
Los Angeles County		90.4%	96.1%	86.6%
California		92.5%	96.7%	89.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined, 18.2% of the population in SPA 2, 23.6% in SPA 3, and 26.1% in SPA 4 had Medi-Cal coverage. In SPA 2, 49.6% had

employment-based insurance, 49.5% in SPA 3, had employment-based insurance and in SPA 4, 41.6% of the population had employment-based insurance.

Insurance Coverage, by Type, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Medi-Cal	18.2%	23.6%	26.1%	24.3%	21.6%
Medicare only	0.7%	2.4%	1.9%*	1.4%	1.6%
Medi-Cal and Medicare	2.8%	2.0%*	3.5%*	3.7%	3.1%
Medicare and others	10.9%	8.7%	6.0%	9.3%	10.6%
Other public	0.9%*	1.1%*	0.6%*	0.7%	.09%
Employment based	49.6%	49.5%	41.6%	46.3%	50.0%
Private purchase	7.1%	2.5%	8.4%	5.1%	4.8%
Uninsured	9.9%	10.3%	11.9%	9.3%	7.3%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among adults, 70.9% in SPA 2, 38.8% in SPA 3, and 78.5% in SPA 4 reported it was very difficult or somewhat difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Very Difficult	54.2%*	15.2%*	28.6%*	54.6%	48.4%
Somewhat Difficult	16.7%*	23.6%*	49.9%*	23.9%	30.4%
Not too Difficult	28.0*	**	20.3%*	12.4%*	16.7%
Not at all Difficult	**	53.7%*	**	9.1%*	4.5%*

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Among adults, 56.4% in SPA 2, 73.2% in SPA 3, and 70.8% in SPA 4 reported it was very difficult or somewhat difficult to find an affordable health plan directly through Covered California.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Very difficult	29.1%	23.0%	48.3%	42.6%	39.4%
Somewhat difficult	27.3%	50.2%	22.5%*	25.0%	28.6%
Not too difficult	43.2%	**	21.5%*	25.3%	23.1%
Not at all difficult	**	**	7.6%*	7.1%*	8.9%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Among adults, 5.8% in SPA 2, 3.6% in SPA 3, and 9.4% in SPA 4 had insurance that was not accepted by a general doctor. Similarly, among adults, 11.7% in SPA 2, 6.0% in SPA 3, and 15.4% in SPA 4 had insurance that was not accepted by a medical specialist.

Insurance Not Accepted by General Doctor or Medical Specialist in Past Year, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Insurance not accepted by general doctor	5.8%	3.6%	9.4%	6.9%	5.8%
Insurance not accepted by medical specialist	11.7%	6.0%	15.4%	11.4%	10.0%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. Of area residents, 15.3% in SPA 2, 17.7% in SPA 3 and 23% in SPA 4 do not have a regular source of health care.

Does Not Have Usual Source of Care, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
No usual source of medical care	15.3%	17.7%	19.6%	16.6%	14.1%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

In SPA 2, 65.8% of the population access care at a doctor's office, HMO or Kaiser, and 18% access care at a clinic or community hospital. Of the SPA 3 residents, 60.6% access care at a doctor's office, HMO or Kaiser and 20.5% access care at a clinic or community hospital. In SPA 4, 53.3% of the population access care at a doctor's office, HMO or Kaiser, and 22.4% access care at a clinic or community hospital.

Sources of Health Care, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Doctor's office/HMO/Kaiser	65.8%	60.6%	53.3%	59.2%	62.8%
Community clinic/government clinic/community hospital	18.0%	20.5%	26.2%	22.4%	20.9%
ER/Urgent Care	0.5%*	0.4%*	0.6%*	1.1%	0.9%
Other	0.5%*	0.7%*	0.5%*	0.8%	1.3%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Telehealth

Telehealth connects patients to vital health care services through videoconferencing,

remote monitoring, electronic consults, and wireless communications. Among adults, 12.2% in SPA 2, 9.2% in SPA 3, and 12.3% in SPA 4 have received care from a health care provider through video or telephone conversations in the past year. It should be noted that this data was collected prior to the COVID-19 pandemic.

Telehealth, Adults (Prior to COVID-19)

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Received care from a health care provider through video or telephone	12.2%	9.2%	12.3%	11.7%	12.4%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Difficulty Accessing Care

A delay of care can lead to an increased risk of health care complications. Among adults, 24.6% in SPA 2, 32.2% in SPA 3 % and 19.1% in SPA 4 were always able to obtain a doctor's appointment within two days due to sickness or injury.

Ability to Obtain Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Always able	24.6%	32.2%	19.1%	26.0%	30.0%
Usually able	23.9%	29.8%	27.2%	25.0%	26.3%
Sometimes able	35.3%	26.2%	42.9%	33.7%	29.3%
Never able	16.2%	11.8%	10.9%	15.3%	14.4%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Typically, residents find it more difficult to access specialty care than primary care. Among adults, 18.7% in SPA 2, 12.2% in SPA 3, and 24.8% in SPA 4 had difficulty finding specialty care.

Difficulty Finding Primary and Specialty Care, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Difficulty finding primary care	10.5%	4.3%	9.0%	8.2%	8.1%
Difficulty finding specialty care	18.7%	12.2%	24.8%	17.1%	15.8%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Federally Qualified Health Centers

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHCs) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically-underserved populations. There are 12 FQHCs and/or FQHC Look-Alikes serving the service area. The UDS Mapper identified the FQHCs with the largest number of patients in the

service area ZIP Code.

FQHC Highest Use, by ZIP Code

	ZIP Code	Dominate FQHC Clinic
Altadena	91001	Community Health Alliance of Pasadena
Glendale	91201	All for Health, Health for All
Glendale	91202	All for Health, Health for All
Glendale	91205	Comprehensive Community Health Centers
Glendale	91206	All for Health, Health for All
Glendale	91207	All for Health, Health for All
Glendale	91208	All for Health, Health for All
Highland Park	90042	Arroyo Vista Family Health Foundation
La Cañada Flintridge	91011	Community Health Alliance of Pasadena
La Crescenta Montrose	91214	All for Health, Health for All
LA/Eagle Rock	90041	Comprehensive Community Health Centers
LA/Glassell Park	90065	Comprehensive Community Health Centers
Los Angeles	90039	Comprehensive Community Health Centers
Montrose	91020	All for Health, Health for All
Pasadena	91103	Community Health Alliance of Pasadena
Pasadena	91104	Community Health Alliance of Pasadena
Sun Valley	91352	Northeast Valley Health Corporation
Sunland	91040	Comprehensive Community Health Centers
Sylmar	91342	Northeast Valley Health Corporation
Tujunga	91042	Comprehensive Community Health Centers

Source: UDS Mapper, 2019 UDS Reports. <http://www.udsmapper.org>

Even with 12 Community Health Centers serving the area, there are many low-income residents who are not served by one of the clinic providers. FQHCs and FQHC Look-Alikes serve a total of 93,794 patients in the Verdugo Hills Hospital service area, which equates to 43.6% coverage among low-income patients and 14% coverage among the total population. However, 21% of the population (121,221), at or below 200% FPL, are not served by a Community Health Center. It should be noted these individuals may be accessing health care services through another provider (private, county, other) or not using health care services.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Patients Served by Section 330 Grantees in Service Area ZIP Codes	FQHC Penetration Low-Income Patients	FQHC Penetration Total Population	Low-Income Not Served	
			Number	Percent
93,794	43.6%	14.0%	121,221	21.0%

Source: UDS Mapper, 2019 UDS Reports. <http://www.udsmapper.org>

Delayed Care

A delay of care can lead to an increased risk of complications. In SPA 2, 62.1% of the population, 43.9% in SPA 3, and 50.8% in SPA 4 delayed or did not get health care

because of cost, lack of insurance or issues with insurance. Among area residents, 30.6% in SPA 2, 35.9% in SPA 3, and 32.3% in SPA 4 delayed care due to personal reasons. Barriers and issues pertaining to health care systems and providers were also identified as a reason to delay care. Among area residents, 7.3% in SPA2, 20.2% in SPA 3, and 16.0% in SPA 4 delayed care due to systems and provider issues and barriers.

Delayed Health Care, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Cost, lack of insurance or other insurance issue	62.1%	43.9%	50.8%	51.6%	47.5%
Personal reasons	30.6%	35.9%	33.2%	32.3%	33.9%
Health care system/provider issues and barriers	7.3%	20.2%	16.0%	16.0%	18.6%

Source: California Health Interview Survey, 2019 <http://ask.chis.ucla.edu/>.

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- During the pandemic, especially with people staying at home, there were a lot of behavioral health services requested.
- If you are a shut-in and have mobility issues, you are not going anywhere to access care. Transportation is a barrier. It costs money for Uber or the bus and train and people do not have the funds.
- If you needed to get to a hospital, those resources exist. Barriers include other issues: Do you have insurance? Can you afford to go to the hospital? Do you know what clinics will see you for free? When you go, what is your patient experience like? In the waiting room, what is your experience? Do you want to come back? Do you have time to go to the doctor and take time off from work? Do you have the time and/or resources?
- The pandemic and CARES Act have created more opportunities for people to be educated and gain access to health care coverage and other benefits like CHIP and SNAP. Access to specialty care was delayed because of the need for the social distancing.

Dental Care

Oral health is essential to overall health and wellbeing. Among children, 5.0% in SPA 2, 5.4% in SPA 3, and 17.8% in SPA 4 lack dental insurance. Among adults, 35.6% in SPA 2, 34.0% in SPA 3, and 33.8% in SPA lack dental insurance.

Dental Insurance, Adults and Children

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children without dental insurance	5.0%*	5.4%*	17.8%*	9.6%	7.8%
Adults without dental insurance	36.6%	34.0%	33.8%	35.3%	31.7%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Regular dental visits are essential to maintain healthy teeth and gums. The table below illustrates dental utilization and condition of teeth for adults, children, and teens. The majority of adults have been to a dentist in the last two years: 81.8% in SPA 2, 82.5% in SPA 3, and 85.0% in SPA 4.

Dental Utilization and Condition of Teeth, Adults

	SPA2	SPA 3	SPA 4	Los Angeles County	California
Never been to a dentist	4.4%	2.0%*	2.9%*	3.0%	2.3%
Visited dentist < 6 months to 2 years ago	81.8%	82.5%	85.0%	80.4%	82.2%
Visited dentist more than 5 years ago	5.5%	7.5%	4.8%*	7.5%	7.1%
Condition of teeth: good to excellent	72.1%	74.3%	70.9%	70.8%	72.6%
Condition of teeth: fair to poor	26.7%	20.4%	28.7%	26.4%	24.9%
Condition of teeth: has no natural teeth	1.2%*	5.3%	0.4%*	2.8%	2.5%

Source: California Health Interview Survey, 2019 *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among children, ages 3-11, 76.1% in SPA 2, 72.3% in SPA 3, and 76.5% in SPA 4 have seen a dentist in the past six months.

Dental Utilization, Children, Ages 3-11

	SPA2	SPA 3	SPA 4	Los Angeles County	California
Never been to the dentist	14.8%	12.3%*	15.1%*	14.7%	14.1%
Been to dentist < 6 months ago	76.1%	72.3%	76.5%*	72.8%	72.9%
Been to dentist > 6 months to 1 year ago	6.5%*	11.9%*	8.2%*	10.1%	9.8%
Been to dentist < 1 to 2 years ago	1.8%*	3.5%*	**	1.9%*	2.4%
Parent could not afford needed dental care for child†	6.3%*	9.1%*	12.2%	8.4%	7.3%

Source: California Health Interview Survey, 2017-2019. Years 2017- 2019 pooled to enhance stability of data. †Data year 2019.

*Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Among teens, ages 12-17, 74.2% in SPA 2, 90.6% in SPA 3, and 100% in SPA 4 have seen a dentist in the past six months.

Dental Utilization, Teens, Ages 12-17

	SPA2	SPA 3	SPA 4	Los Angeles County	California
Never been to the dentist	**	**	**	**	1.3%
Been to dentist < 6 months ago	74.2%*	90.6%*	100%	84.6%	80.5%
Been to dentist > 6 months to 1 year ago	12.5%*	7.1%*	**	7.9%*	10.9%
Been to dentist < 1 to 2 years ago	**	**	**	3.8%	3.7%

Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to enhance stability of data. *Statistically unstable due to sample size. ** Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care. Following are their comments edited for clarity:

- It is a common need, but because of the pandemic, it stopped. Dental services require face-to-face visits.
- The cost of dental care is the largest barrier. It comes down to urgency. And for youth it comes down to their parent's economic stature and can they afford to do this.
- A person has to sign up for Medi-Cal before they can access Denti-Cal. When people are homeless and they are worried about what they will eat, where they will sleep, who will steal their stuff, are they going to get beat-up and raped, dental care is not at the forefront of their mind.
- For some people, dental care is not important to them in the hierarchy of needs. There is a lot of fear and resistance to dental care.
- This is a huge need for older adults, especially low-income adults who have no way to pay for dental care so they go without. Dental services are so expensive.
- For the homeless, there is no dental care, the closest you get is an extraction.
- It is commonly overlooked how important it is to take care of your teeth. People don't go every 6 months to clean their teeth or floss daily. People make an effort to brush their teeth but in terms of longer-term thinking, it isn't there and there are barriers to coverage for dental health because it is not part of general health insurance and it's a separate kind of insurance.
- People tend to wait until something is so bad, they can't deal with it versus proactively going to the dentist once a year.

Birth Characteristics

Births

From 2014 to 2018, there was an average of 6,891 births in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 432 per 1,000 live births, which is lower than county (542.9 per 1,000 live births) or state (498.5 per 1,000 live births) rates.

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	432.0	542.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Among pregnant women in the service area, 13.2% (131.7 per 1,000 live births) entered prenatal care late, after the first trimester. This equates to 86.8% of pregnant women receiving prenatal care in the first trimester. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Late Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Late prenatal care	131.7	148.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Teen Birth Rate

Teen births occurred at a rate of 32.4 (3.2%) per 1,000 live births in the service area. This rate was lower than the rate of births to teen mothers in the county (45.1 per 1,000 live births) and state (45.5 per 1,000 live births).

Teenage Mothers, Under Age 20, Birth Rate, per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Births to teen mothers	3.2%	4.5%	4.6%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

When the teen birth rate is examined for females, ages 15-19, 1.2% of teenaged girls in the service area give birth in an average year (11.9 births per 1,000 females, ages 15-19). This is lower than the county and state rate (1.7%). The Healthy People 2030

objective is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19, which the service area, county, and state meet.

Teen Birth Rate, per 1,000 Females, Ages 15 to 19

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	223	11.9	17.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Premature Birth

The rate of premature births (occurring before the start of the 37th week of gestation) in the service area, was 9.3% (93.4 per 1,000 live births). This rate of premature births was higher than the county (8.9%) and state (8.5%) rates of premature births.

Premature Birth, before Start of 37th Week or Unknown

	VHH Service Area	Los Angeles County	California
Premature birth	9.3%	8.9%	8.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability, and possible death. The service area rate of low birth weight babies was 7.2% (72.1 per 1,000 live births). This was lower than the state rate (6.9%).

Low Birth Weight (<2,500 g)

	VHH Service Area	Los Angeles County	California
Low birth weight	7.2%	7.2%	6.9%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Mother Smoked Regularly During Pregnancy

The rate of mothers in the service area who smoked regularly during pregnancy was 0.3% (3.2 per 1,000 live births), which was lower than the county rate (0.6%) and state rate (1.6%).

Mothers Who Smoked Regularly During Pregnancy

	VHH Service Area	Los Angeles County	California
Mothers smoked	0.3%	0.6%	1.6%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

The infant (less than one year of age) mortality rate in Los Angeles County was 4.2 deaths per 1,000 live births, which was lower than the state rate (4.3 per 1,000 live births) and lower than the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Los Angeles County	California
Infant death rate	4.2	4.3

Source: California Department of Public Health, County Health Status Profiles, 2019. [County Health Status Profiles 2020 \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ImmunizationStatus/CountyHealthStatusProfiles2020.aspx)

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at USC Verdugo Hills Hospital indicated 94.9% of new mothers used breastfeeding and 72.9% used breastfeeding exclusively. These rates of breastfeeding rates were higher than the breastfeeding rates at hospitals in the county and state.

In-Hospital Breastfeeding, USC-Verdugo Hills Hospital

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
USC Verdugo Hills Hospital	280	94.9%	215	72.9%
Los Angeles County	94,300	93.7%	63,799	63.4%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at USC Verdugo Hills Hospital. Among White mothers, 94.5% initiated breastfeeding and 76.2% breastfed exclusively. Of Latina mothers, 91.9% initiated breastfeeding and 58.1% breastfed exclusively. Among Asian mothers, 100% of initiated breastfeeding and 82.9% breastfed exclusively. Of multiple race mothers 100% initiated breastfeeding and 80.0% breastfed exclusively.

In-Hospital Breastfeeding, USC Verdugo Hills Hospital, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	155	94.5%	125	76.2%
Latino/Hispanic	57	91.9%	36	58.1%
Asian	35	100%	29	82.9%
Multiple race	15	100%	12	80.0%
African-American	n/a	n/a	n/a	n/a

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Leading Causes of Death

Heart disease, cancer, and Alzheimer's disease are the top three causes of death in the service area. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. These causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted, Rates per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Number	Rate	Rate	Rate	Rate
Heart disease	1,153	139.5	146.9	142.7	No Objective
Ischemic heart disease	323	97.6	106.8	88.1	71.1
Cancer	1,042	128.5	134.3	139.6	122.7
Alzheimer's disease	325	38.6	34.2	35.4	No Objective
Stroke	256	31.3	33.3	36.4	33.4
Chronic Lower Respiratory Disease	227	27.8	28.1	32.1	Not Comparable
Pneumonia and influenza	165	20.1	19.2	14.8	No Objective
Unintentional injuries	150	20.3	22.6	31.8	43.2
Diabetes	145	17.7	23.1	21.3	Not Comparable
Liver disease	89	11.0	13.0	12.2	8.2
Kidney disease	84	10.2	11.2	8.5	Not Comparable
Suicide	57	7.7	7.9	10.5	10.2
Homicide	24	3.4	5.7	5.0	12.8
HIV	14	1.8	2.1	1.6	3.3

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was higher in the service area (97.6 deaths per 100,000 persons) than in the state (88.1 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area was higher than the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (31.3 deaths per 100,000 persons) than in the county (33.3 deaths per 100,000 persons), and the state (36.4 deaths per 100,000 persons). The rate of stroke death is lower than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	1,153	139.5	146.9	142.7
Ischemic heart disease death rate	323	97.6	106.8	88.1
Stroke death rate	256	31.3	33.3	36.4

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
 -- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 128.5 per 100,000 persons. This was lower than the county rate (134.3 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The cancer death rate in the service area is higher than the Healthy People 2030 objective of 122.7 cancer deaths per 100,000 persons.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,042	128.5	134.3	139.6

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
 -- Values of 3 or less are withheld per HIPAA guidelines.

According to the most recently available data, the overall cancer mortality rate for Los Angeles County is below the state cancer death rate. Rates of death from some cancers are notably higher in the county including, the rates of colorectal, liver, cervical and uterine, and stomach cancer deaths.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, Five-Year Average

	Los Angeles County	California
Cancer all sites	136.9	140.0
Lung and bronchus	25.4	28.0
Prostate (males)	20.1	19.8
Breast (female)	19.5	19.3
Colon and rectum	13.1	12.5
Pancreas	10.3	10.3

	Los Angeles County	California
Liver and intrahepatic bile duct	8.2	7.7
Cervical and Uterine (female)*	8.0	7.2
Ovary (females)	7.2	6.9
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Urinary bladder	3.4	3.8
Myeloid and monocytic leukemia	3.0	3.0
Kidney and renal pelvis	3.1	3.3
Myeloma	2.8	2.9
Esophagus	2.5	3.1

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. <https://explorer.ccrca.org/application.html>

*Cervix Uteri, Corpus Uteri and Uterus, NOS

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 38.6 per 100,000 persons. This was higher than county and state rates.

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons, 5-Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's death rate	325	38.6	34.2	35.4

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis and emphysema. In the service area, the CLRD death rate was 27.8 per 100,000 persons. This was lower than county and state rates.

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	227	27.8	28.1	32.1

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

Diabetes is a leading cause of death and disproportionately affects minority populations

and the elderly. Its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes death rate was 17.7 per 100,000 persons, which was lower than county and state rates.

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	145	17.7	23.1	21.3

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 20.8 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons, 5-Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	150	20.3	22.6	31.8

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 20.1 per 100,000 persons, which was higher than the county and state rates.

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	165	20.1	19.2	14.8

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

In the service area, the liver disease death rate was 11.0 per 100,000 persons. The service area exceeds the Healthy People 2030 objective for liver disease death of 8.2 per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	89	11.0	13.0	12.2

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 3.4 per 100,000 persons. This rate was lower than the county and state rates for homicides. The Healthy People 2030 objective for homicide is 12.8 per 100,000 persons.

Homicide Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	24	3.4	5.7	5.0

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 7.7 per 100,000 persons. The Healthy People 2030 objective for suicide is 10.2 per 100,000 persons.

Suicide Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	57	7.7	7.9	10.5

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 10.2 per 100,000 persons. This rate was lower than the county rate and higher than the state death rate from kidney disease.

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	84	10.2	11.2	8.5

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 1.8 per 100,000 persons. This rate was lower than the county HIV death rate (2.1 per 100,000 persons) and higher than the state rate of HIV death (1.6 per 100,000 persons).

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons, Five Year Average

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	14	1.8	2.1	1.6

Source: Gary Bess Associates, calculated using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Acute and Chronic Disease

Hospitalization Rates by Principal Diagnoses

At USC Verdugo Hills Hospital, the top five hospital diagnoses were diseases of the circulatory system, infectious and parasitic diseases, mental illness, injury and poisoning, and diseases of the digestive system. It should be noted these data were collected prior to the COVID-19 pandemic.

Hospitalization Rates by Top Ten Principal Diagnoses (Prior to COVID-19)

	USC Verdugo Hills Hospital
Diseases of the circulatory system	12.10%
Infectious and parasitic diseases	11.97%
Mental Illness	9.88%
Injury and poisoning	9.81%
Diseases of the digestive system	9.64%
Diseases of the respiratory system	7.47%
Complications of pregnancy; childbirth; and the puerperium	6.62%
Certain conditions originating in the perinatal period	6.43%
Diseases of the genitourinary system	6.11%
Neoplasms	4.89%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At USC Verdugo Hills Hospital, the top five emergency room diagnoses were injuries/poisonings, disease of the respiratory system, symptoms; signs; and ill-defined conditions and factors influencing health status, diseases of the nervous system and sense organs, and diseases of the circulatory system. It should be noted these data were collected prior to the COVID-19 pandemic.

Emergency Room Rates by Top Ten Principal Diagnoses (Prior to COVID-19)

	USC Verdugo Hills Hospital
Injury and poisoning	23.89%
Diseases of the respiratory system	12.15%
Symptoms; signs; and ill-defined conditions and factors influencing health status	10.98%
Diseases of the nervous system and sense organs	8.99%
Diseases of the circulatory system	8.54%
Diseases of the genitourinary system	7.47%
Diseases of the musculoskeletal system and connective tissue	7.13%
Diseases of the digestive system	5.68%
Mental Illness	3.74%
Diseases of the skin and subcutaneous tissue	3.58%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

As of January 13, 2022, there have been 2,047,927 confirmed cases of COVID-19 in Los Angeles County, with a rate of 20,450.6 cases per 100,000 residents. This rate was higher than the statewide average of 16,227.8 cases per 100,000 persons. Through January 13, 2022, 27,641 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 276 deaths per 100,000 persons. This was higher than the statewide rate of 194.6 deaths per 100,000 residents.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 1/13/22

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,047,927	20,450.6	6,416,171	16,227.8
Deaths	27,641	276.0	76,940	194.6

Source for LA County and California case and death numbers: California State Health Department, COVID19 Dashboard, Updated January 14th, 2022, with data from January 13, 2022. <https://covid19.ca.gov/state-dashboard> Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

In Los Angeles County, among the population, ages 5 and older, 86.1% of the Asian population, 57.9% of Black residents and 63.1% of Latinx residents have received at least one dose of a COVID-19 vaccination.

Fully or Partially Vaccinated (1+ Dose) for COVID-19, Ages 5 and Older, by Race, 1/9/22

	Percent who Received at Least 1 Dose of Vaccine
Asian	86.1%
American Indian/Alaska Native	81.9%
White	76.6%
Latinx	63.1%
Black/African American	57.9%

Source: Los Angeles Public Health Department, COVID-19 Vaccination Dashboard, Vaccination percentage updated January 13, data through January 9, 2022. <http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>

28.5% of Los Angeles County residents, ages 5 to 11, have received at least one dose of a COVID-19 vaccine. 79% of county residents, ages 12 to 17, received at least one dose of a COVID-19 vaccine and 86.9% of county residents, ages 18 to 64, received at least one dose of a COVID-19 vaccine. 85.2% of the population, ages 65 or older, have received at least one vaccine dose, which is lower than the statewide vaccination rate of 90.4%. Rates for teens and adults are above state rates, while children's rates lag.

COVID-19 Vaccinations, Number and Percent, by Age, 1/13/22

	Los Angeles County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Population, ages 5-11	9.4%	81,345	19.2%	165,977	9.1%	320,609	20.7%	729,298

	Los Angeles County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Population, ages 12-17	8.9%	68,401	70.1%	537,776	8.0%	253,194	63.4%	2,009,881
Population, ages 18-64	8.4%	537,756	78.5%	5,025,611	8.7%	2,129,878	77.5%	18,965,729
Population, ages 65+	7.2%	116,091	78.1%	1,265,963	7.9%	518,383	82.5%	5,386,882

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Updated January 14th, 2022 with data through January 13, 2022.

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- This hospital did really well with its COVID response. It was a fantastic place to work during a pandemic.
- A lot of people have been unemployed, so their insurance has been impacted.
- The pandemic has impacted homeless persons in many ways. Early in the pandemic, being unsheltered was protective, they were already socially distanced and were outside, which we know now that COVID does not transmit well outside.
- The populations hit the hardest were the elderly, those who live alone, those with chronic illnesses and those with mental health problems, with or without other chronic illnesses.
- Children had issues with not receiving preventive vaccinations and having to adapt to remote schooling and learning, which was not conducive to developing relationships.

Diabetes

Among adults, 14.8% in SPA 2, have been diagnosed as pre-diabetic and 9.5% have been diagnosed with diabetes. In SPA 3, 16.8% of adults have been diagnosed with and 10.7% have been diagnosed with diabetes. In SPA 4, 17.0% of adults have been diagnosed as pre-diabetic and 10.1% have been diagnosed with diabetes. For adults with diabetes, 51.8%, in SPA 2, 47.0% in SPA 3, and 23.0% in SPA 4 felt very confident they could control their diabetes.

Diabetes, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed pre-diabetic	14.8%	16.8%	17.0%	16.7%	15.8%
Diagnosed with diabetes†	9.5%	10.7%	10.1%	10.5%	10.0%
Very confident to control diabetes	51.8%	47.0%	23.0%*	54.3%	59.1%

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Somewhat confident	44.6%	40.6%	43.9%*	36.7%	32.7%
Not confident	3.6%*	12.3%*	33.1%*	9.0%*	8.2%

Source: California Health Interview Survey, 2018, †2018-2019 *Statistically unstable due to sample size. †Years 2018-2019 pooled to enhance stability of data. <http://ask.chis.ucla.edu/>.

When queried by race and ethnicity, African-Americans have the highest diabetes rate in SPA 2 (22.1%*). In SPA 3, Latinos have the highest rates of diabetes (12.4%). In SPA 4, Asians (12.8%) have the highest rates of diabetes.

Diabetes, Adults, by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
African American	22.1%*	7.6%*	3.8%*	14.2%	15.4%
Latino	10.6%	12.5%	12.0%	11.3%	11.1%
Asian	9.9%*	9.6%	12.8%	10.6%	10.2%
White	7.8%	8.2%	3.2%*	8.2%	8.3%

Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. Years 2018 & 2019 pooled to enhance stability of data. <http://ask.chis.ucla.edu/>.

Heart Disease

Among adults, 5.9% in SPA 2, 4.6%, in SPA 3 and 7.9% in SPA 4 have been diagnosed with heart disease.

Heart Disease, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed with heart disease	5.9%	4.6%	7.9%	6.4%	6.9%
Has a management care plan†	81.7%*	90.1%	60.6%	78.8%	80.1%

Source: California Health Interview Survey, 2018-2019. †Data from 2018. *Statistically unstable due to sample size. Years 2018 & 2019 pooled to enhance stability of data. <http://ask.chis.ucla.edu/>.

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among adults, 27.2% in SPA 2, 25.4 % in SPA 3, and 20.1% in SPA 4 have been diagnosed with high blood pressure.

High Blood Pressure, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed with high BP	27.2%	25.4%	20.1%	25.5%	25.9%
Has borderline high BP	6.2%	6.7%	6.2%	7.2%	7.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

When queried by race and ethnicity, African-Americans have the highest rates of high blood pressure in SPA 2 (74.5%) and in SPA 3 (35.2%). In SPA 4, Asians (39.7%) have the highest rates of high blood pressure.

High Blood Pressure, Adults, by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
African American	74.5%*	35.2%*	10.9%	38.2%	38.3%
Asian	28.1%	20.8%	39.7%	23.8%	21.6%
Latino	27.2%	26.5%	17.3%	22.9%	22.9%
White	24.3%	30.8%	15.5%	27.2%	28.6%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. Among the adult population, 18.4% in SPA 2, 12.5% in SPA 3, and 16.4% in SPA 4 have been diagnosed with asthma. Among children, 14.5% in SPA 2, 6.5% in SPA 3, and in 8.4% SPA 4 have been diagnosed with asthma.

Asthma, Adults and Children, Ages 1-17

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Ever diagnosed with asthma, Adults	18.4%	12.5%	16.4%	14.4%	16.0%
Has had an asthma episode/attack in past 12 months, Adults	23.7%	31.0%	13.2%*	27.6%	28.7%
Takes daily medication to control asthma, Adults	45.0%	65.7%	43.1%	45.5%	44.7%
Ever diagnosed with asthma, 1-17 years old	14.5%*	6.5%*	8.4%*	14.2%	13.6%
Has had an asthma episode/attack in past 12 months, 1-17 years	26.6%*	81.0%*	45.6%*	29.5%	27.4%
Takes daily medication to control asthma, 1-17 years	43.7%*	**	**	54.0%	50.3%

Source: California Health Interview Survey, 2019 *Statistically unstable due to sample size. **Data suppressed due to sample size. <http://ask.chis.ucla.edu/>

Cancer

Cancer diagnoses have been increasing, while cancer mortality has been decreasing. In Los Angeles County, the age-adjusted cancer incidence rate was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers was higher for Los Angeles County than for the state, and rates of corpus uteri, thyroid, and ovarian cancers were all higher. Diagnosed rates of the other listed cancers were lower in the county than the state, including: melanoma and liver/intrahepatic bile duct cancers.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Los Angeles County	California
All sites	373.5	394.5
Breast (female)	117.9	122.2
Prostate (males)	90.6	91.7
Lung and bronchus	35.6	40.0
Colon and rectum	35.6	34.8
Corpus Uteri (females)	27.3	26.6
Non-Hodgkin lymphoma	17.7	18.3
Kidney and renal pelvis	14.1	14.7
Melanoma of the skin	13.9	23.1
Thyroid	13.3	13.1
Ovary (females)	11.7	11.1
Pancreas	11.6	11.9
Leukemia	11.9	12.4
Liver and Intrahepatic Bile Duct	9.3	9.7
Stomach	9.1	7.3
Urinary bladder	8.2	8.7

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. <https://explorer.ccrca.org/application.html>

Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- Issues with chronic disease include: noncompliance, malnutrition, smoking, and drinking.
- Living with multiple chronic diseases without family support is difficult. We see a lot of illness has to do with a lack of family support.
- Arthritis is a big issue, as well as pain management, mobility and balance issues.
- For persons with cognitive impairments, they may have a difficult time or incapacity to make good decisions. It is very expensive to move into an environment that provides help and assistance.
- People who experience homelessness have the same chronic diseases as those who are housed do, but they get sicker sooner. The number one issue we see is congestive heart failure. It is difficult to treat on the street because homeless individuals have inconsistent access to food and water.
- Chronic diseases are long-term issues.
- We need more supportive care for people who are on a chronic disease trajectory. We need to be looking at supportive care where we can provide for chronic treatment and individuals can stay at home to receive that care.

Health Behaviors

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 58 evaluated counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top quarter of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2021 <https://www.countyhealthrankings.org/>

Health Status

Among area residents, 11.2% in SPA 2, 13.7% in SPA 3, and 13.4% in SPA 4 rate themselves as being in fair or poor health.

Self-Reported Health Status, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Poor health status	1.6%	3.7%	3.6%*	2.5%	2.4%
Fair health status	9.9%	10.0%	9.8%	10.0%	10.1%
Good health status	31.2%	31.0%	28.1%	28.7%	27.1%
Very good health status	33.3%	35.1%	29.3%	33.3%	34.3%
Excellent health status	23.9%	20.2%	29.2%	25.5%	26.1%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among adults, 24.5% in SPA 2, 22.8% in SPA 3 and 24.1% in SPA 4 reported a physical, mental or emotional disability. In SPA 2, 15.2% of children were reported to have special health care needs as compared to 13.4% in SPA 3 and 13.5% in SPA 4.

Disability, Adults and Children

	SPA 2	SPA 3	SPA 4	Los Angeles County
Adults with a disability	24.5%	22.8%	24.1%	24.6%
Children with special health care needs	15.2%	13.4%	13.5%	14.7%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Sexually Transmitted Infections

According to the most recent data available, among service area SPAs, SPA 4 has the highest rates of sexually transmitted infections. In SPA 4, the rate of chlamydia is 668 per 100,000 persons. The rate of gonorrhea in SPA 4 is 520 per 100,000 persons and the rate of syphilis in SPA 4 is 138 per 100,000 persons. These rates exceed the county rates of sexually transmitted infections.

STI Incidence Rate, per 100,000 Persons

	SPA 2	SPA 3	SPA 4	Los Angeles County
Chlamydia	339	345	668	624
Gonorrhea	149	122	520	250
Syphilis	30	23	138	46

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2017 Annual STD Surveillance Report. <http://publichealth.lacounty.gov/dhsp/Reports.htm> Published August 2019. Accessed 3/2021.

Teen Sexual History

In the service area SPAs, 18.7% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. Teen females (27.8%) reported having had sex more frequently compared to teen males (4.5%).

Sexual Activity, Teens, Ages 14-17

	SPA 2, SPA 3, SPA 4 Combined	Los Angeles County	California
Ever Had Sex	18.7%*	14.5%	12.1%
Ever Had Sex, Male	4.5%*	11.5%*	7.1%
Ever Had Sex, Female	27.8%*	16.9%*	16.8%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. SPAs combined to enhance stability of data. <http://ask.chis.ucla.edu/>

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to STIs. Following are their comments edited for clarity:

- No one wants to talk about it, even though there is high prevalence of STIs.
- Older adults have not had a lot of recent education on STIs. As more people are widowed and become sexually active again, they need a primer on how to stay well with STIs.
- By the time we can get to people, they have probably already transmitted to many other people.
- As the AIDS epidemic fades into the background of many peoples' memories, new generations are coming into puberty and being involved in sexual activities.
- There is more information than ever before on the Internet. People can get access to good information on STI prevention.

Overweight and Obesity

In SPA 2, 29.8% of adults, 10.4% of teens and 15.8% of children are overweight. In SPA 3, 34.1% of adults 15.6% of teens and 12.9% of children are overweight. In SPA 4, 31.8% of adults, 12% of teens and 6.4% of children are overweight.

Overweight, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults, ages 18+	29.8%	34.1%	31.8%	32.7%	32.7%
Teens, ages 12-17	10.4%*	15.6%*	12.0%*	18.9%	15.9%
Children, ages under 12 (overweight for age)	15.8%*	12.9%*	6.4%*	11.5%	14.2%

Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. Years 2018-2019 pooled to enhance stability of data. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity is 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19. Teens in SPA 2 and SPA 3 exceed this objective. Data for SPA 4 was not available due to a small sample size.

Obesity, Adults and Teens

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults, ages 18+	27.3%	23.2%	22.6%	27.9%	27.2%
Teens, ages 12-17	21.6%*	23.3%*	**	22.5%	19.2%

Source: California Health Interview Survey, 2018-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

**Suppressed due to sample size.

When overweight and obesity were examined by race/ethnicity, African Americans and Latinos had the highest rates in the service area SPAs. Asians had the lowest rates of overweight and obesity in the service area.

Overweight and Obesity, Adults, by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Latino	67.3%	72.9%	64.9%	71.1%	70.3%
African American	83.1%	72.6%	49.9%*	65.2%	67.0%
White	53.3%	57.7%	48.8%	54.6%	57.4%
Asian	33.9%	35.4%	38.9%	38.7%	38.9%

Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the

“Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In the Los Angeles Unified School District, over a quarter of 5th, 7th and 9th grade students tested as body composition at health risk. In the Pasadena Unified School District 22.4% of 7th graders are at health risk (obese) for body composition. The Glendale Unified School District had the lowest health risk rates, peaking at 16.6% for 7th graders.

Body Composition, ‘Needs Improvement’ and at ‘Health Risk’

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Glendale Unified School District	17.6%	15.0%	16.6%	16.6%	16.5%	12.0%
Los Angeles Unified School District	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Pasadena Unified School District	19.6%	19.5%	21.5%	22.4%	18.8%	17.0%
Los Angeles County	20.2%	25.4%	19.8%	23.2%	20.3%	21.0%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Access to Affordable Fresh Fruits and Vegetables

Families that are not able to easily access fresh fruits and vegetables are less likely to be able to provide healthy food options for themselves and their children. In SPA 2, 59.4% of adults identified they were able to always find affordable fruits and vegetables. In SPA 3, 46.9% of adults identified they were able to always find affordable fruits and vegetables. In SPA 4, 48.4% of adults identified they were able to always find affordable fruits and vegetables.

Affordable Fruits and Vegetables

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Always affordable in neighborhood	59.4%	46.9%	48.4%	51.9%	52.3%
Usually affordable in neighborhood	25.1%	34.4%	29.5%	28.9%	29.3%
Sometimes affordable in neighborhood	14.5%	17.8%	18.6%	17.8%	17.0%
Never affordable in neighborhood	1.0%*	1.0%*	3.5%*	1.4%	1.4%

Source: California Health Interview Survey, 2018. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Sugar-Sweetened Beverage (SSB) Consumption

Among children and adolescents, ages 0-17, 33.1% in SPA 2, 38.4% in SPA 3, and 37.1% drink one or more sodas or sweetened beverages (SSB) a day.

Consumed One or More Sodas or Sweetened Beverages Daily, Ages 0-17

	SPA 2	SPA 3	SPA 4	Los Angeles County
Drank $\geq$ 1 SSBs daily, ages 0-17	33.1%	38.4%	37.1%	37.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Adolescents are the highest consumers of soda and SSBs.

Consumed One or More Sodas or Sweetened Beverages Daily, Children and Teens

	Los Angeles County
Drank $\geq$ 1 SSBs daily, children, ages 0-5	26.5%
Drank $>$ 1 SSBs daily, children, ages 6-11	39.3%
Drank $>$ 1 SSBs daily, teens ages 12-17	45.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Physical Activity

Among adults who were ambulatory, 8.7% in SPA 2, 10.6% in SPA 3, and 12.7% in SPA 4 reported not participating in at least 20 minutes of physical exercise (at one time) within the past week.

Physical Activity, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Exercised in prior week, 0 days	8.7%	10.6%	12.7%	11.3%	10.9%
Exercised in prior week, 1-2 days	12.8%	13.5%	11.1%	14.0%	12.5%
Exercised in prior week, 3-5 days	41.7%	38.7%	37.7%	40.7%	40.6%
Exercised in prior week, 6-7 days	36.8%	37.2%	38.6%	33.9%	36.0%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Vigorous-intensity aerobic activity should make up most of a child's 60 or more minutes of daily physical activity at least 3 days per week each day. Among children, 68.8% in SPA 2, 65.3% in SPA 3, and 81.6% in SPA 4 engaged in vigorous activity at least three days a week.

Vigorous Physical Activity at Least 3 Days per Week, Children

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children engaged in vigorous physical activity	68.8%*	65.3%*	81.6%*	70.3%	76.0%

Source: California Health Interview Survey, 2018. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Glendale Unified School District (USD) had the highest rate of students in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity across all grade levels as compared to students in Pasadena USD and Los Angeles USD.

Aerobic Capacity

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Glendale USD	77.9%	66.1%	67.1%
Los Angeles USD	50.5%	48.4%	48.1%
Pasadena USD	59.0%	59.0%	64.5%
Los Angeles County	57.1%	57.3%	54.1%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among children, ages 2-11, 23.1% in SPA 2, 21.7% in SPA 3, and 4.6% in SPA 4 spent 5 or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
2 to <3 hours	17.4%	21.3%*	39.4%	25.1%	24.4%
3 to < 5 hours	25.7%	4.9%	20.4%*	28.5%	34.3%
5 or more hours	23.1%	21.7%	4.6%	20.0%	23.1%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among teens, ages 12-17, 56.9% in SPA 2, 36.2% in SPA 3, and 77.6% in SPA 4 spent 5 or more hours in sedentary activities on weekend days.

Sedentary Teens, Ages 12-17

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
2 to <3 hours	15.0%	15.9%*	**	9.0%*	11.1%
3 to < 5 hours	24.6%	42.6%*	**	35.4%	25.1%
5 or more hours	56.9%	36.2%*	77.6%	49.1%	55.9%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. **Suppressed due to small sample size.
<http://ask.chis.ucla.edu/>

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- It was common even before the pandemic. We have to advocate in the community for services because this is such a severe problem.
- The majority of homeless individuals are on the street long enough that they are not eating well. The homeless just eat what is given to them, what is handed to them at a window or at the soup kitchen, and they tend to be cheaper things and they don't have a choice over that. It is a community health gap.
- It is such a huge problem because in our built environment it is easier to eat less expensive food, which tastes better. Deep fried and super salty, it creates a food environment that is unhealthy and it is easy to gain weight.
- People eat fast food too much and too often. With kids being at home, they are not exercising or playing outside.

Safe Parks and Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. Among youth, 75.3% in SPA 2, 66.2% in SPA 3, and 68.7% in SPA 4 visited a park, playground or open space within the past month.

Children and Teens, Ages 1 and Older

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Walking distance to park, playground or open	90.6%*	94.8%*	91.7%*	92.3%*	89.2%
Visited a park/playground/open space	75.3%*	66.2%*	68.7%*	74.2%	81.4%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

86.2% of children and 80.4% of teens in SPA 2, 89.0% of children and 79.0% of teens in SPA 3, and 86.5% of children and 82.5% of teens agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children, ages 1-11	86.2%*	89.0%*	77.8%*	86.5%	89.2%
Teens, ages 12-17	80.4%*	79.0%*	84.9%*	82.5%	85.7%

Source: California Health Interview Survey, 2019 *Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

Community Input – Senior Health

Stakeholder interviews identified the following issues, challenges and barriers related to senior health. Following are their comments edited for clarity:

- There are increased costs associated with obtaining caretakers for the elderly.
- Transportation is a barrier to care for seniors. They might not have a child or a caregiver that can help them.
- Before the pandemic there were data showing that more seniors were starting to become homeless. Rents were getting so high that seniors were being priced out. Seniors are the most highly vulnerable homeless. They will have more comorbidities and will be prioritized for shelters.
- There are issues with transportation. We have individuals who live on their own and need resources and access to transportation and even food sources.
- Among seniors there is a lot of dementia. Complicating that is their families don't really understand what that means.
- We are seeing a high incidence of cognitive impairment as we age. We also have more people who are living alone, children may be living out of the area, or people are widowed. There is a high risk of financial exploitation that can occur.
- With the senior population or the chronically ill, the advanced health care directive or POLST is important. We need better community education on it.
- The population of homeless that are seniors has gone up tremendously. It is up 25%. They are new to homelessness and they don't know how to exist on the street. We have a few people in their 80s living on the street in tents. They are very vulnerable because they cannot fend for themselves and do not know how to survive.
- There are a lot of social and societal supports for senior health, especially people with adult children to help them navigate the systems.
- Seniors often need someone's help navigating and advocating for them. If they do not have that, it gets more difficult to get the resources they need.
- How can the elderly stay in their homes as long as possible and do that safely? It can be painful to give up the car keys, they don't want to go to a nursing home, and they don't want to accept help from family members, but they can't do it on their own

Mental Health

Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices.

Among adults, 20.4% in SPA 2, 13.8% in SPA 3, and 31.3% in SPA 4 identified the need to see a professional because of problems with mental health emotions or nerves or use of alcohol or drugs in the past 12 months. Among adults, 51.8% in SPA 2, 51.1% in SPA 3, 47.3% in SPA 4 sought help from their primary care provider or other professional, (counselor, psychiatrist, or social worker) for problems with mental health, emotions, nerves or your use of alcohol or drugs, but did not receive treatment in the past 12 months.

Mental Health Access and Utilization, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Needed help for emotional /mental health problems or use of alcohol drugs	20.4%	13.8%	31.3%	20.9%	21.7%
Sought help but did not receive treatment	51.8%	51.1%	47.3%	47.2%	45.6%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Among teens, 25.8% in SPA 2, 20.5% in SPA 3, and 39.7% in SPA 4 felt they needed help for emotional or mental health problems (feeling sad, anxious or nervous) in the past 12 months. Among teens, 19.7% in SPA 2, and 4.7% in SPA 3 received psychological or emotional counseling. Data for SPA 4 was not reported due to a small sample size.

Mental Health Access and Utilization, Teens

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Needed help for emotional or mental health problems	25.8%*	20.5%*	39.7%*	23.0%	28.5%
Received psychological/emotional counseling	19.7%*	4.7%*	**	9.6%	16.4%

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to enhance stability of data. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>.

Among adults, 39.2% in SPA 2, 48.3% in SPA 3 and 48.8% in SPA 4 visited primary care physicians and mental health professionals for mental and emotional issues in the

past year.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Primary care physician only	33.1%	15.7%*	21.4%	27.8%	25.5%
Mental health professional only	27.7%	36.0%	30.1%	35.9%	34.0%
Both	39.2%	48.3%	48.8%	36.3%	40.5%

Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Among adults and teens, 5.2% in SPA 2, 4.2% in SPA 3, and 9.7% in SPA 4 sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. In SPA 2, 5.2% of adults and teens connected on-line with a mental health professional and 3.9% connected online with people with similar issues. In SPA 3, 3.2% of adults and teens connected on-line with a mental health professional and 4.1% connected online with people with similar issues. In SPA 4, 11.9% of adults and teens connected on-line with a mental health professional and 7.4% connected online with people with similar issues.

Online Mental Health Utilization, Adults and Teens

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Sought help from an online tool	5.2%	4.2%	9.7%	5.8%	6.2%
Connected with a mental health professional in last 12 months	5.2%	3.2%	11.9%	5.9%	5.5%
Connected with people with similar mental health or alcohol/drug status	3.9%	4.1%	7.4%	5.0%	5.3%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Mental Health Indicators

Among area adults, 12.1% were at risk for major depression and 11.6% currently had depression in SPA 2. In SPA 3, 12.3% of adults were at risk for major depression and 8.7% had depression. In SPA 4, 14.8% of adults were at risk for major depression and 12.3% had depression.

Depression, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County
Adults at risk for major depression	12.1%	12.3%	14.8%	13.0%
Adults with current depression	11.6%	8.7%	12.3%	11.5%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

In the past year, 10.2% of SPA 2 adults and 36.6% of teens had serious psychological distress. In the past year, 9.1% of SPA 3 adults and 50.2% of teens had serious psychological distress. In the past year, 23.4% of SPA 4 adults and 73.6% of teens had serious psychological distress.

Among adults, 7.8% in SPA 2, 6.0% in SPA 3, and 23.4% in SPA 4 have been on prescription medicine for emotional/mental health issue for at least 2 weeks in the past year. Approximately, 18% or more adults reported moderate to severe family life, social life, household chore, or work life impairments in the past year in all service area SPAs.

Mental Health Indicators

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults who had serious psychological distress during past year	10.2%	9.1%	23.4%	13.0%	13.1%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.8%	6.0%	10.9%	8.2%	10.3%
Adults reporting family life impairment during the past year	20.1%	17.5%	32.6%	20.9%	20.8%
Adults reporting social life impairment during the past year	18.6%	17.6%	32.3%	20.8%	20.9%
Adults reporting household chore impairment during the past year	20.1%	17.8%	27.2%	20.2%	20.3%
Adults reporting work impairment during the past year	18.4%	18.2%	31.3%	21.1%	20.2%
Teens who had serious psychological distress during past year	36.6%	50.2%	73.6%*	37.3%	29.4%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Among adults, 9.6% in SPA 2, 7.5% in SPA 3 and 24.1% in SPA 4 have seriously thought about committing suicide.

Considered Suicide, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Seriously considered suicide, adults	9.6%	7.5%	24.1%	13.2%	14.0%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- There is a tremendous volume of untreated and undertreated mental health: depression, drug abuse, schizophrenia, suicidality. There is almost no access to services in the community. It is very difficult to access outpatient mental health care unless you are wealthy.
- We work with a lot of at-risk families and the pandemic has impacted their mental state.
- This year, as in prior years, there is a wait list to access mental health services. Demand is greater than the number of service providers and appointments available.
- Even though there has been an increased awareness for the need to identify mental health challenges, there is still opportunity for general awareness around it and stigma is still there. There are resources but it never seems to be enough.
- Finding a mental health care provider who has an opening is a challenge, especially when you are not feeling good. It is difficult to follow-through.
- Mental health is a huge gap because the population we serve has very high rates of mental illness and access to traditional health care is even less likely for this population. DMH has one psychiatrist for all of LA county. That person's job is determining 5150s, it is not ongoing management or diagnosis or care.
- There is no mental health treatment available for people on the street. Most of the money is being spent on housing and there are challenges around that. For outreach, there is a lot of money to be spent on outreach for housing. This is a very high need population and it takes a tremendous amount of training on how to handle people with all these needs in crisis.
- There is still a stigma around mental illness. People are afraid they will be judged if they admit they are depressed or go to treatment or are on medications.
- Mental illness is probably under reported and more people are living with depression or anxiety or bipolar disorder than we know. Self-medication exacerbates mental illness.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. Among adults, 4.6% in SPA 2, 3.7% in SPA 3, and 6.2% in SPA 4 are current smokers, as compared to Los Angeles County at 6.0%. Among adults, 4.6% in SPA 2, 3.5% in SPA 3, and 3.6% in SPA 4 are current e-cigarette smokers as compared to Los Angeles County at 4.0%

Smoking, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Current smoker	4.6%	3.7%*	6.2%	6.0%	6.7%
Former smoker	7.9%	13.8%	19.1%	18.4%	19.5%
Never smoked	74.6%	82.5%	74.7%	75.4%	73.8%
Thinking about quitting in the next 6 months	72.5%*	29.3%*	77.2%*	63.1%	66.4%
Current e-cigarette user	4.6%	3.5%*	3.6%*	4.0%	4.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Data for current smoking by teens is unavailable due to a small sample size for all service area SPAs. Among area teens, a combined SPA total of 8.1% reported having smoked an electronic (vaporizer) cigarette. This rate was lower than the county and state levels.

Smoking, Teens

	SPAs 2, 3 and 4	Los Angeles County	California
Current smoker	**	**	0.4%*
Ever smoked an e-cigarette (2018 only)	8.1%*	5.0%*	6.9%*
Smoked an e-cigarette in past 30 days	33.0%*	37.6%*	38.6%

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to enhance stability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among SPA 2 teens, 9.3% have used alcohol and 4.5% have engaged in binge drinking in the past month. Among teens in SPA 3, 7.1% have used alcohol and 4.1% have engaged in binge drinking in the past month. Among teens in SPA 4, 8.7% have used alcohol and 5.1% have engaged in binge drinking in the past month.

Among adults, 60.5% have used alcohol and 26.3% have engaged in binge drinking in the past month. Among adults in SPA 3, 48.2% have used alcohol and 25.2% have engaged in binge drinking in the past month. Among adults in SPA 4, 56.1% have used alcohol and 29.1% have engaged in binge drinking in the past month.

Alcohol Use, Teens and Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County
Alcohol use in past month, ages 12-17	9.3%	7.1%	8.7%	8.1%
Binge drinking in past month, ages 12-17	4.5%	4.1%	5.1%	4.3%
Perception of great risk from having 5+ drinks once or twice a week, ages 12-17	44.2%	48.8%	45.9%	46.8%
Alcohol use in past month, ages 18+	60.5%	48.2%	56.1%	53.1%
Binge drinking in past month, ages 18+	26.3%	25.2%	29.1%	26.2%
Perception of great risk from having 5+ drinks once or twice a week, ages 18+	47.9%	52.7%	49.1%	50.7%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020

Marijuana Use

Among SPA 2 teens, 7.1% have used marijuana in the past month and 12.2% have used marijuana in the past year. Among teens in SPA 3, 5.7% have used marijuana in the past month and 10.7% have used marijuana in the past year. Among teens in SPA 4, 7.9% have used marijuana in the past month and 14.5% have used marijuana in the past year. Among SPA 2 adults, 12.7% have used marijuana in the past month and 18.3% have used marijuana in the past year. Of adults in SPA 3, 8.8% have used marijuana in the past month and 14.1% have used marijuana in the past year. Among adults in SPA 4, 17.4% have used marijuana in the past month and 25.2% have used marijuana in the past year.

Marijuana Use, Teens and Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County
Marijuana use in past month, ages 12-17	7.1%	5.8%	7.9%	6.9%
Marijuana use in past year, ages 12-17	12.2%	10.7%	14.5%	13.2%
Perception of great risk from smoking marijuana once a month, ages 12-17	21.9%	23.3%	22.7%	23%
Marijuana use in past month, ages 18+	12.7%	8.8%	17.4%	12.4%
Marijuana use in past year, ages 18+	18.3%	14.1%	25.2%	18.1%
Perception of great risk from smoking marijuana once a month, ages 18+	26.0%	33.9%	29.6%	30.0%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020.

Drug Use

The age-adjusted death rate from drug-induced causes in Los Angeles County was 8.5 per 100,000 persons, which is lower than the state rate of 13.1 deaths per 100,000 persons. The Healthy People 2030 objective is 20.7 per 100,000 persons.

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons, 2019

	Rate
Los Angeles County	8.5
California	12.7

Source: California Department of Public Health, County Health Status Profiles, 2020.
<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Opioid Use

The emergency department visit rate for any opioid overdose was 10.2 per 100,000 persons and the hospitalization rate for opioid overdose was 5.1 per 100,000 persons in Los Angeles County. These rates are lower than state levels. The age-adjusted opioid death rate was 5.1 per 100,000 persons in Los Angeles County as compared to the state rate of 6.43 per 100,000 persons. The rate of opioid prescriptions in Los Angeles County (315.8 per 1,000 persons) is lower than the state rate (383.5 per 1,000 persons).

Opioid Rates, per 100,000 Persons and per 1,000 Persons

	Los Angeles County	California
ED visit rate for any opioid overdose, per 100,000 persons	10.2	15.84
Hospitalization rate for any opioid overdose, per 100,000 persons	5.1	6.43
Age-adjusted opioid overdose deaths, per 100,000 persons	6.7	7.9
Opioid prescriptions, per 1,000 persons	315.8	383.5

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- It is a challenge because there is not enough treatment available and an even bigger problem is that a lot of people don't want help or they aren't ready and you can't force them.
- Drug use is not as prevalent as people think with the homeless. It has its supporters in every community, it doesn't discriminate. Those involved with meth and illegal activities, they want to be off the grid, there are not many, but there is some of that.
- There are people who are self-medicating when they feel anxious or depressed and are using more alcohol.

- There are a lot of people who use some substances. With the homeless we have started to offer suboxone and other medication assisted treatments on the street, but there are not enough of us and not enough treatment centers available and there is only one sober center on Skid Row.
- The majority of the homeless resources in LA are centered on Skid Row, but 90% of the homeless live off Skid Row. I don't have people to call to take advantage of that moment when people say get me to a rehab, I want to stop using. There is nowhere to go, I have to hope in a few weeks when there is an opening that they will still want help.
- Tobacco has always been terrible for people and public health has been successful in getting the message across to not smoke.
- Alcohol is prevalent in our society. Go to the grocery store and bar, you don't have to go out of your way to get your hands on alcohol.
- There are a lot of related health problems as a result of using cannabis. People can end up with oral cancers and dental problems and the same thing with meth. Heroin use is on rise because it is so inexpensive on the black market right now.

Preventive Practices

Immunizations

Using the most recent data, rates of up-to-date immunizations among kindergartens in the Glendale Unified School District was 96.6%. The Los Angeles Unified School District immunization rate was 94.6% and the Pasadena Unified School District immunization rate was 94.9%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

	Immunization Rate
Glendale Unified School District	96.6%
Los Angeles Unified School District (LAUSD)	94.6%
Pasadena Unified School District	94.9%
Los Angeles County	94.5%
California	95.3%

Source: California Department of Public Health, Immunization Branch, 2018-2019. *Excludes schools with 10 or less children enrolled in kindergarten and private schools. **Includes all schools in LAUSD with kindergarten enrollment.
<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu Vaccine

The Healthy People 2030 objective is 70% of the population to receive a flu shot. Seniors in SPA 3 (78.0%) and SPA 4 (79.5%) meet the Healthy People 2030 objective for flu shots. Children and teens received flu shots at a higher rate than adults.

Flu Vaccine, All Ages

	SPA 2	SPA 3	SPA 4	Los Angeles County
Reported having flu vaccination in past 12 months, ages 6 months to 17 years	59.0%	58.7%	65.0%	59.9%
Reported having flu vaccination in past 12 month, ages 18 years and older	45.6%	49.3%	46.5%	47.1%
Reported having flu vaccination in past 12 month, ages 65 years and older	66.7%	78.0%	79.5%	73.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Pneumococcal Vaccine

Among seniors, 70.4% in SPA 2, 76.5% in SPA 3 and 71.2% in SPA 4 have received a pneumonia vaccine.

Pneumococcal Vaccine, Adults 65 and Older

	SPA 2	SPA 3	SPA 4	Los Angeles County
Ever had a pneumonia vaccine	70.4%	76.5%	71.2%	72.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Health Screenings

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50-74 years, have a mammogram in the past two years. Among women, ages 50-74, 78.1% in SPA 2, 78.3% in SPA 3 and 73.0% in SPA 4 had a mammogram in the past two years.

Mammograms, Women, Ages 50-74

	SPA 2	SPA 3	SPA 4	Los Angeles County
Had a mammogram	78.1%	78.3%	73.0%	77.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21-65 years, be screened in the past three years. Among women, ages 21-65, 79.8% in SPA 2, 80.9% in SPA 3 and 80.9% in SPA 4 had a Pap smear in the prior 3 years, which does not meet the Healthy People 2030 objective.

Pap Smears, Women, Ages 21-65

	SPA 2	SPA 3	SPA 4	Los Angeles County
Pap smear within past 3 years	79.8%	80.9%	80.9%	81.4%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Colorectal Cancer Screening

The Healthy People 2030 objective for colorectal cancer screening is 74.4% of adults, ages 50-74 years, have a screening. Among SPA 2 adults, ages 50-74, 23.2% had a blood stool test in the past 12 months and 53.6% had a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. Among SPA 3 adults, 18.5% had a blood stool test in the past 12 months and 59.5% had a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. Among SPA 4 adults, 13.6% had a blood stool test in the past 12 months and 47.3% had a sigmoidoscopy within the past five years or colonoscopy within the past 10 years.

Colorectal Cancer Screening, Adults, Ages 50-74

	SPA 2	SPA 3	SPA 4	Los Angeles County
Blood stool test in past 12 months	23.2%	18.5%	13.6%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	53.6%	59.5%	47.3%	54.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- Exercise is a preventive practice, even if it is only once a week.
- One of the main issues with preventive medicine is even if you offer it, people do not want to engage. Meeting people when they have finally realized they need it is the sweet spot. If you can get it to people where they are, like community partnerships with grocery stores, that addresses cooking and nutrition and recipes, for instance, that helps with preventive measures.
- With the homeless, one of the biggest gaps is vaccinations. It is hard with street medicine to obtain vaccinations. Street medicine is fairly new and people are still coming around to the utility of the model. We've invested so much in our current system, whether it is health care or homeless service delivery systems, so getting them to recognize that this a better way is taking some time.
- It is about practicing good health choices whether around nutrition or exercise or self-care practices. Concerns that came up during the pandemic had to do with how were we taking care of ourselves as a whole person, mind, body, and spirit and how were we managing stress? How does that impact chronic diseases and autoimmune conditions?

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the hospital service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	80.1% to 89.4%	90.7%
Child health insurance rate	96.6%	92.1%
Adult health insurance rate	88.6%	92.1%
Unable to obtain medical care	SPA 2 16.2%, SPA 3 11.8%, SPA 4 10.9%	3.3%
Ischemic heart disease deaths	97.6	71.1 per 100,000 persons
Cancer deaths	128.5	122.7 per 100,000 persons
Colon/rectum cancer death	13.1	8.9 per 100,000 persons
Drug-induced deaths	8.5	20.7 drug-overdose deaths per 100,000 persons
Overdose deaths involving opioids	6.7	13.1 per 100,000 persons
Lung and bronchus cancer deaths	25.4	25.1 per 100,000 persons
Female breast cancer deaths	19.5	15.3 per 100,000 persons
Prostate cancer deaths	20.1	16.9 per 100,000 persons
Stroke deaths	31.3	33.4 per 100,000 persons
Unintentional injury deaths	20.3	43.2 per 100,000 persons
Suicides	7.7	12.8 per 100,000 persons
Liver disease deaths	11.0	10.9 per 100,000 persons
Homicides	3.4	5.5 per 100,000 persons
Infant death rate	4.2	5.0 per 1,000 live births
Adult obese, ages 18 and older	SPA 2 27.3%, SPA 3 23.2%, SPA 4 22.6%	36%
Teens obese, ages 12-17	SPA 2 21.6%, SPA 3 23.3%, SPA 4 N/A	15.5% of children and teens, ages 2 to 19
Adults engaging in binge drinking	SPA 2 26.3%, SPA 3 25.2%, SPA 4 29.1%	25.4%
Cigarette smoking by adults	SPA 2 4.6%, SPA 3 3.7%, SPA 4 6.2%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	SPA 2 79.8%, SPA 3 80.9%, SPA 4 80.9%	84.3%
Annual adult influenza vaccination	SPA 2 45.6%, SPA 3 49.3%, SPA 4 46.5%	70.0%
Mammograms, ages 50-74, screened in the past 2 years	SPA 2 78.1%, SPA 3 78.3%, SPA 4 73.0%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	SPA 2 53.6%, SPA 3 59.5%, SPA 4 47.3%	74.4%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Bridget M. Berg, MPH, FACHE, CPXP	Director, Patient Experience	USC Verdugo Hills Hospital
Laura Duncan, PhD	Executive Director	Ascencia Lifting People out of Homelessness
Brett Feldman, PA	Director, Street Medicine	Keck School of Medicine
Vince Iuculano	Chief Executive Officer	YMCA of the Foothills
Lisa Kessedjian, RN	Director, Patient & Family Services	USC Verdugo Hills Hospital
Mary Lynee Knighten, DNP, RN, PN, NEA-BC	Health Ministry Director	St. Dominic Catholic Church
Nathan Lehman	Chief, Data Collection, Outbreak Management Branch	LA County Department of Public Health
John Maghaguian	Supervisor, Community Services	City of Glendale
Adria Navarro, PhD, MSW	Program Manager, Community Resource Center for Aging	USC Verdugo Hills Hospital
Pedro Ramirez	Director of Outreach	Comprehensive Community Health Centers
Jackson Selby	Program Director, Wound Care Services	USC Verdugo Hills Hospital
David Tashman, MD	Emergency Department Medical Director	USC Verdugo Hills Hospital

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Diabetic foot ulcers, venous ulcers, arterial/venous insufficiency, malnutrition and poor eating habits, diabetes, immobility, pressure injuries, soft tissue necrosis, osteomyelitis, radiation cystitis
- Elder care, dementia falls, heart disease and strokes.
- Access to health care.
- Diabetes, aging and being healthy as we age, the ability to access proper health care and have a healthy lifestyle and have access to fitness.
- Lack of healthy inexpensive food and food insecurity. We have seen childhood obesity rates change completely with COVID. Kids are not getting enough activity and we will have to reverse that going forward.
- With the homeless, we see heart disease risk factors, high blood pressure and sometimes diabetes. A lot of them smoke. Mental health issues are another concern, which ties into them not taking great care of themselves, they have some bad habits and poor nutrition.
- We have an older population and a high rate of dementia.
- We have a lot of chronic illness in our community, coronary issues, living with stroke and vascular conditions, dementia. People need help with activities of daily living (ADLs) and different social care services.
- The biggest thing we see is the severity of the homeless crisis and the unmet health needs when they experience homelessness. People experience homelessness for many reasons and cannot access care in a traditional setting mostly because of their preoccupation with basic physical needs like where are they sleeping, what are they going to eat, etc. We know that independent of insurance status, they have a lot of difficulty accessing health care. Without access to health care, they have higher morbidity and mortality rates.
- Economic and health equity issues like poverty, access to health care, social determinants of health and additional barriers that impact communities of color.
- Issues were exacerbated during the pandemic. Diabetes, hypertension and heart disease, COPD are big issues. Also, chronic and acute mental health worsened during the pandemic and there were not enough resources available. Community violence is up, maybe not specifically in the Verdugo service area, but you see it in literature and word of mouth in the community. We've also seen delayed care as a result of the pandemic, and an issue of people not going in for regular preventive health checks and preventive testing and blood work and so it is unbelievable how

busy the hospitals are right now. I'm not sure if it is the impact of delayed care, but the patients are sicker than they were pre-pandemic.

Interview participants were asked about the most important socio-economic, behavioral, or environmental factors contributing to poor health in the community. Their responses included:

- As a wound care center, noncompliance is a major issue. With an elderly, obese population, it is difficult to get patients to understand the severity of their wounds and what is needed to heal them properly. Oftentimes, the biggest barriers are poor eating habits, smoking and inactivity.
- Drug abuse, homelessness, and dementia and elderly care.
- Access to affordable health care. We have a very densely populated area. The closest hospital is Verdugo Hills Hospitals for many areas. Glendale, Pasadena and La Canada all have clinics but once a person gets further out, there are not as many options for access.
- Finances and a lack of having enough resources. We need more food pantries and healthier options at food pantries.
- Environmentally, homeless people are exposed to the elements and to violence and trauma. They do not have access to preventive care and dental checkups. They are not eating well; they tend to eat a lot of junk food or skip meals. Homeless individuals have a heightened sense of anxiety and depression, which is exacerbated by self-medicating and trying to cope. There are situations where they see things firsthand that are traumatizing and that impacts their mental health
- We are a fairly affluent area. We've seen that many people in the community are prioritizing emotional wellbeing, especially given what has happened in the past year.
- Lack of follow-up for persons who do not have insurance. They find it easier to come back to the ED. Without financial means or health insurance, they don't follow-up routinely with either their primary care providers or the specialist they need to see.
- Educational attainment and the ability to find and maintain good paying jobs and having resources to take care of your health versus working multiple jobs and shifts and not having health insurance. Persons who do not have financial freedom do not have the mental space to worry about longer term issues. They do not have time or the money for better food, for instance. This contributes to obesity, diabetes, or people who may use drugs to deal with mental health issues.
- There is more food insecurity than we know of, again that was exacerbated during the pandemic, when people were laid off or on furlough or lost their job or places to live and had trouble finding affordable food to fill the gap.

- Environmentally, when you look at climate change, each year seems to show more and more of a difference and this impacts fires in the state and that leads to lung problems and other health issues.
- There are more persons who are homeless and they are living in horrible conditions.

Who are some populations in the area that are not regularly accessing health care and social services? Why? Responses included:

- With the current pandemic, many people who are at risk or elderly have stayed clear of the clinic out of fear of contracting COVID. Homeless individuals also fall into this category especially with the increase in the homeless population post-pandemic.
- The undocumented and the homeless population.
- Homeless. It tends to be a heavier concentration of marginalized groups who do not have some access or opportunity. 40% of the homeless population are African American, and they are only 9% of the population.
- This area tends to have a higher insured demographic, however, there are potential language and health literacy barriers for our patients in terms of understanding how health care works and general access for health care needs in their own language.
- Those in the lower economic status don't access health care because of the cost. For the undocumented, there is a fear of anything official and a fear that they will be deported.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- The COVID-19 pandemic has heavily impacted the surrounding community. It has resulted in many of the patients delaying care and missing visits. This required us to reassess our typical approach by incorporating virtual visit options and individually reassuring patients of our patient/environment safety protocols.
- Expanded telehealth made it a lot easier to talk to health care providers. During the pandemic, people were too afraid to come to the hospital and a lot of elective procedures were postponed.
- Emotional health and being social with one another was impacted.
- Deaths are up this year with the homeless. Usually, deaths are around 1,000 every year, and this year, the count was up significantly already in July, we are well over 1,000. I think a lot of homeless persons were provided housing options, but with 70,000 in the county, it was a drop in the bucket. A lot of people have returned to homelessness on the street.
- A lot of elderly individuals were lonely and bored and looking for a connection and social activities they can participate in again. With our youth programs, we are

seeing kids almost pleading to come back.

- I think social isolation has become a critical issue. There is depression, and for others, depression is turned outwards and they are angry. Economically, there are many people who are hurting and can't get a job. There is a lot of hidden pain right now.
- It instilled a lot of fear, and people stayed home and they didn't see their doctors. When they did come back out, they are sicker, more so than if they had sought treatment upon acute onset of illness. Because it festered, their hospitalizations have been longer.
- The pandemic was disastrous for the homeless.
- When we talk about the unmet needs of the community, the unmet and chronic conditions will be dealt with downstream. We will see problems over the next several years because of how much time and effort went to COVID and everything else went to the wayside.
- COVID challenged us to take care of patients in the hospital. Many primary care doctors' offices were closed and people were left going to the ED or not getting care at all. We need a total restructure of the health care system and to refocus on the public health system for preventive and responsive systematic crisis plans for prevention, assessment mitigation and resources and recovery.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Los Angeles County 211 at <https://www.211la.org/>.

Community Need	Community Resources
Access to care	Community Clinic Association of LA County, California Primary Care Association, All for Health, Health for All, Olive View-UCLA Medical Center, LAC/USC Medical Center, Glendale Community Free Clinic, CHAP Care, The Wellness Center, Clinica Oscar Romero, Kheir Clinic, Saban Community Clinic, Care Harbor, Comprehensive Community Health Centers
Chronic diseases	American Cancer Society, LA Cancer Network, WeSpark, American Diabetes Association, American Heart Association, Comprehensive Community Health Centers, All for Health, Health for All, Glendale Community Free Clinic, CHAP Care, The Wellness Center, Clinica Oscar Romero, Kheir Clinic, Saban Community Clinic, Care Harbor, Comprehensive Community Health Centers, YMCA
COVID-19	Healing Urban Barrios Food Pantry, Houses of Light Church Corporation, Shekinah Worship Center, SOVA, Pasadena Meals on Wheels, Project Angel Food,
Dental health	Care Harbor, Kids Community Dental Clinic Burbank, Kids Community Dental Clinic,
Economic Insecurity	City of Glendale Homeless Services, Acencia, Catholic Charities, Door of Hope, Salvation Army, Grace Resource Center, Healing Urban Barrios Food Pantry, Houses of Light Church Corporation, Shekinah Worship Center, SOVA, Pasadena Meals on Wheels, Project Angel Food
Mental health	Saban Community Clinic, Olive View-UCLA Medical Center, ARK Family Center, Didi Hirsch, Foothill Family Mental Health, Institute for Multicultural Counseling Services, LA County Department of Mental Health Hotline, NAMI, Pacific Clinics, Hillview Mental Health Center, Kedren Community Mental Health Center, Counseling 4 Kids, Kheir Clinic, National Association of Social Workers, Glendale Senior Services Committee
Overweight/obesity	Glendale Youth Alliance, Glendale Parks & Open Spaces Foundation, Glendale Unified School District Wellness Office, City of Glendale Community Services & Parks, YMCA
Preventive practices	American Cancer Society, American Diabetes Association, American Heart Association, All for Health, Health for All, Glendale Community Free Clinic, CHAP Care, The Wellness Center, Clinica Oscar Romero, Kheir Clinic, Saban Community Clinic, Care Harbor, Comprehensive Community Health Centers, City of Glendale Community Services & Parks
Senior health	Adult Protective Services, Alternatives for Seniors, Alzheimer's Association, American Association of Retired Persons (AARP), Elder Abuse Hotline, LA4Seniors, Seniors Helping Seniors, Access, Dial-A-Ride, Glendale Beeline, Transit Access Pass (TAP), City of Los Angeles Department of Aging, All for Health, Health for All, Glendale Community Free Clinic, CHAP Care, The

Community Need	Community Resources
	Wellness Center, Clinica Oscar Romero, Kheir Clinic, Saban Community Clinic, Care Harbor, Comprehensive Community Health Centers, Alzheimer's Association Los Angeles, City of Glendale Community Services & Parks, YMCA, Stepping Stones, Dementia Friendly Montrose, Dial-a-Ride, Go-Go Grandparent,
Sexually transmitted infections	Olive View-UCLA Medical Center, LAC/USC Medical Center, Glendale Community Free Clinic, CHAP Care, The Wellness Center, Clinica Oscar Romero, Kheir Clinic, Comprehensive Community Health Centers, All for Health, Health for All, Saban Community Clinic, Care Harbor, Comprehensive Community Health Centers
Substance use and misuse	Tarzana Treatment Center, Exodus Recovery, Drug Abuse Resistance Education (DARE), Friday Night Live Initiative, SAMHSA, Las Encinas Behavioral Hospital, Northbound Treatment, AA, NA, Crystal Meth Anonymous, Alcoholism Center for Women, New Horizons Treatment Center, Sunrize Community Counseling Center, National Asian Pacific American Families Against Substance Abuse,

Attachment 5: Report of Progress

USC-VHH developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to health care, chronic disease, mental health, preventive care and senior health through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA. Senior health activities are incorporated in the other priority health need sections.

Access to Health Care/Preventive Care

Access to care is a key determinant of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Routine health care includes screenings, check-ups, and counseling to prevent illness, disease, or other health problems. Individuals, who receive services in a timely manner, have a greater opportunity to prevent or detect disease during earlier, treatable stages.

Response to Need:

Health Education Workshops and Support Groups

The hospital offered community health education sessions that addressed a variety of health and wellness topics, including: art therapy, flu prevention, weight loss, nutrition and wellbeing, aging smarter, men's health and women's health, and healthy aging. In FY20, health education seminars reached nearly 700 persons. Doc talk sessions addressed a number of disease prevention and health and wellness topics, including: cancer prevention and treatment, heart health, weight loss, diabetes awareness, nutrition and wellbeing, COVID-19, stroke awareness, men's health and women's health, COPD, mental health, depression, bone and joint health, brain health, breast health, prostate health, and healthy aging. In FY21, 250 community members tuned into these virtual classes.

BEGINNINGS Early Pregnancy Class

As part of the hospital's Family Education Program, classes addressed pregnancy-related health topics, including nutrition, common discomforts of pregnancy, relaxation techniques and baby's development in the womb. Classes were offered monthly and

were open to the public; 678 persons participated. A decision to deliver at the hospital was not required to participate.

New Mothers Forum Support Group

Weekly discussion groups were open to the public and helped new mothers ease through the adjustments of motherhood. The support group was facilitated by a family education program instructor; 24 encounters were provided.

Support Group and Workshops

Support groups and workshops offered breast feeding advice and support to new mothers as well as fathers. The support groups were facilitated by a lactation specialist. Open and free to the public, babies in arms were welcomed. A total of 190 encounters were provided.

Infant Care Workshops

This class taught new and expectant parents the practical skills for newborn care, including diapering, bathing, taking an infant's temperature, safety related information and basic first aid; 184 individuals attended these classes.

Lamaze Series

Lamaze classes prepared expectant parents for a safe, healthy birth by providing current and evidence-based information. The classes build confidence and teaches childbirth coping mechanisms. 12 Lamaze series of classes was provided and each class provided 5 weekly sessions. 144 expectant parents participated.

Community Resource Center for Aging (CRCA)

The USC-VHH Community Resource Center for Aging helps older adults improve their quality of life by providing access to a robust network of resources, community-based services and support systems that specialize in navigating the unique challenges of aging. Services are available to all members of the community, free of charge, including family members and caregivers. People can also receive guidance navigating both daily needs, like food and medicine delivery or transportation, to major life decisions like long-term care or assisted living. Access to the CRCA is free to anyone in the community. 139 individuals received resource counseling.

Transportation

Transportation is a documented barrier to accessing health care services. The hospital provided taxi vouchers, ambulance services and van transportation for 152 low-income

patients and families who could not afford transportation to obtain needed health care services.

Clinical Services

USC-VHH provided medications, medical supplies and infusions for persons who were indigent and could not afford these medically-necessary resources.

Mammograms

USC-VHH provided low-cost mammogram screenings for women in La Cañada Flintridge, Glendale and Montrose.

Screenings

USC-VHH nurses administered free TB screenings to La Cañada Unified School District (LCUSD) and Crescenta Valley Schools (GUSD) parent volunteers.

Flu Shots

USC-VHH administered 330 flu shots at its 2019 annual Health and Wellbeing Fair and 325 flu shots at its 2020 Drive-Through Flu Shot Clinic. The hospital also provided medications, medical supplies and infusions for persons who were indigent and could not afford these medically-necessary resources.

Community CPR

Infant Cardio-Pulmonary Resuscitation (CPR), Basic Life Support CPR and Heartsaver CPR classes certified 305 persons in life saving CPR techniques. Additionally, 97 teens learned Infant CPR and accident prevention tools in the Babysitting Training class.

COVID Outreach, Education and Vaccines

Keck Medicine of USC developed many education materials on COVID-19 and provided community outreach to distribute the education materials. The hospital hosted more than four vaccine clinics for the community. USC-VHH vaccinated over 7,000 community members.

Community Donations

USC-VHH donated space to community organizations for a flu shot clinic and blood drives. Hospital staff provided first aid services at the 2019 Montrose Verdugo City Chamber of Commerce Oktoberfest event.

Chronic Diseases

Chronic diseases are long-term medical conditions that tend to progressively worsen.

Chronic diseases, such as cancer, heart disease, diabetes, and asthma, are major causes of disability and death. Chronic diseases are also the major causes of premature adult deaths.

Response to Need:

Health Education and Outreach

The hospital participated in community events and hosted educational booths, providing the public with information on risk prevention and disease management, including topics on stroke, breast cancer awareness, COPD, diabetes, and bladder issues. They hosted a Healthy Hearts Nutrition Series and Diabetes Management Series that reached 72 persons. 15 persons participated in an 8-week Mindful Eating series. USC-VHH hosted its annual Health and Wellbeing Fair, participated in the St. Dominic Church Health Ministry Health Fair, Glendale Senior Health Fair and the YMCA Fiesta Days Run. At these events, the hospital provided health education, resource information and referrals to health and community services to 1,150 individuals.

Breastfeeding

Breastfed babies are known to be less overweight as they grow older than bottle fed babies. Support groups and workshops offered breast feeding advice and support to new mothers. The support groups were facilitated by a lactation specialist. A total of 209 encounters were provided.

Mindful Eating

USC-VHH provided an eight-week mindful eating class for 15 community members. In addition, USC-VHH supported the One Glendale Youth Sports Program with dietitian-provided nutrition and BMI education, and supported Food as Fuel at a local elementary school, reaching 195 youth.

Community Support

Financial support was provided to community organizations that offered chronic disease education and prevention activities.

Mental Health

Good mental health is associated with improved health outcomes. Indicators and contributors to poor mental health include poverty and low-levels of education. The need to access mental health services was noted as a high a priority among community members.

Response to Need:

Stepping Stones

Stepping Stones is a geropsychiatric program at USC-VHH that is designed to help relieve emotional and personal distress for individuals age 50 and older. Through inpatient and outpatient programs, USC-VHH employs a variety of therapeutic options, including medical management, cognitive behavioral therapy, psychoanalysis, art, music and movement therapy to help patients. The inpatient unit can accommodate 24 patients, while the outpatient program currently serves 40 patients, with capacity for 75. Stepping Stones also works to help patients with dementia regain their memories through creative therapy methods and allow them to maintain as much independence as possible.

Brain Health Forum

USC-VHH hosted a virtual forum on brain health. In FY 20, 225 persons attended the USC-VHH Brain Health Forum. In FY21, Topics included Exercise and the Brain, Genetics of Alzheimer's Disease, Protective Effects of Social Connection, and Healthy Lifestyle. 100 community members participated.

5th Annual Suicide Awareness and Prevention Conference

Hosted a virtual Suicide Awareness and Prevention Conference. The event brought together a multidisciplinary team of psychiatrists, neurologists, mental health advocates, policymakers and community leaders to discuss the underlying causes and risk factors for depression and suicide, as well as identify ways to safely discuss such issues with loved ones. 178 practitioners and community members participated.

Psychiatric Care

Provided psychiatric facility care for 80 vulnerable patients who could not afford needed psychiatric care.

Community Support

Financial support was provided to community organizations that offered mental health education and prevention activities.

USC-VHH sponsored the NAMI Glendale Family-to-Family 12-week class and the NAMI Los Angeles Walk.